

EXHIBIT E

1 PRESENT (via Zoom):

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 on behalf of the Defendants Hasina Javed,
 Faiza Kareemi, Colleen Delaney and Diana
 Hogan in Case No. 17-cv-7909, and
 Defendant Dr. Hasina Javed in Case
 No. 18-cv-0334.

 Also present: Mr. Rory Cannon
 Illinois Department of Human Services
 Mr. Sean Gunderson
 Kretchmar & Cecala

 Reported By: Stacey L. Parr, CSR
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DEPOSITION OF
COLLEEN McBEAN-DELANEY
taken 6-29-2022

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Mr. Kretchmar:	5, 21, 23 220, 222, 227
Mr. Cecala:	20, 22, 25 221, 223, 228

EXHIBITS
(Attached)

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1 THE REPORTER: Before we proceed, I will ask
2 counsel to agree on the record that under the current
3 National Emergency pursuant to Section 319 of the
4 Public Health Service Act, there is no objection to
5 this officer administering a binding oath to the
6 witness remotely.

7 Please state your agreement on the
8 record.

9 MR. KRETCHMAR: Yes. Randolph Kretchmar for
10 the plaintiffs, Ben Hurt and Mark Owens, no -- no
11 problem. I agree.

12 MR. CECALA: Joseph Cecala for both
13 plaintiffs, Hurt and Owens, no objection.

14 MS. JOHNSTON: Mary Johnston on behalf of
15 defendants Javed, Kareemi, Delaney and Hogan in Hurt,
16 and defendant Javed in Owens, no objection

17 MR. CANNON: I'm just observing, but I don't
18 object.

19 COLLEEN McBEAN-DELANEY,
20 called as a witness herein, having been first duly
21 sworn, was examined upon oral interrogatories and
22 testified though Zoom as follows:
23
24

EXAMINATION

BY MR. KRETCHMAR:

Q. Ms. Delaney, I'll start off. Just -- I don't know. Have you ever been in a deposition before?

A. I have. Last week, actually, was my first experience, so...

Q. Okay. Well, fair enough. Just some ground rules. Basically don't talk over other people. It's -- it's very easy to do that, and it screws up the court reporter's ability to get an accurate transcript. So if somebody's objecting, wait until they're done; if somebody's asking a question, wait -- wait until the full question is asked.

You have to -- you have to say yes and no as opposed to nodding or -- or shaking your head because she can't necessarily catch the nod. It has to be verbal.

And if there are any questions, any clarification that's needed, you know, we're happy to restate questions or -- or explain or -- or whatever. If you don't understand something, don't -- don't hesitate to say so.

Lastly, if you need a break or you want a break, just ask; however, on any breaks

1 don't -- don't be on a phone call with anybody other
2 than your attorney.

3 A. Okay.

4 Q. Can you please state and spell your name for
5 the record?

6 A. Colleen McBean-Delaney. C-o-l-l-e-e-n, last
7 name is M-c-B-e-a-n, hyphen, D-e-l-a-n-e-y.

8 Q. Are you taking any medications that might
9 make it difficult for you to recall or answer
10 truthfully and accurately in this deposition?

11 A. No.

12 Q. Now, I presume -- correct me if I'm wrong --
13 are you aware or at least initially or somewhat
14 familiar with this lawsuit in which you are a
15 defendant?

16 A. Yes.

17 Q. You understand the allegations against you
18 and against the other defendants?

19 A. Yes.

20 Q. Can you please summarize your education and
21 your professional qualifications to work in a state
22 forensic psychiatric hospital?

23 A. My educational background is I have a
24 bachelor's of science in nursing, and I have been

1 employed here for 28 years in August.

2 Q. Are you a registered nurse?

3 A. Oh, yeah, sorry. Yeah, I'm a -- I have a
4 nursing license in the state of Illinois.

5 Q. How long have you had a license?

6 A. Since 2003.

7 Q. Okay. So you say 28 years. That takes us
8 back to, what, 1994 is when you started?

9 A. Correct.

10 Q. Okay.

11 A. Correct.

12 Q. Can you outline the sequence of jobs or
13 positions that you held from 1994 until today and as
14 best you can recall the dates in which that, you
15 know, changed?

16 A. Yes. So in 1994 I was hired as a mental
17 health tech trainee and then I went through the
18 mental health tech series and then, I want to say, it
19 was either late of 1999 or 2000, early 2000, my job
20 title changed to STA, security therapy aide.

21 Q. Just out of curiosity, by the way. I'm sorry
22 to interrupt. I know you were going to go on, but I
23 think to myself, okay, why do you change from ST --
24 or from mental health tech to STA?

1 A. Well, I -- I didn't. I didn't -- my job
2 didn't change. It was more a contractual change at
3 the time that the union had negotiated. So it had
4 more to do with the location of my title. So I
5 didn't move positions, I didn't move shifts or units
6 or anything. Essentially my job title just changed.

7 Q. Oh, okay. Mental health tech to STA was more
8 or less the same job?

9 A. Yes.

10 Q. Okay. Fair enough.

11 A. Yeah.

12 Q. Hang on.

13 MR. CECALA: Sorry. I'm just not clear.

14 So is that something that the state
15 did, changing the designation of a mental health tech
16 to an STA at that time?

17 THE WITNESS: Yes, because I -- at the time
18 I worked in the forensic treatment program, so the
19 mental health tech series became the security therapy
20 aide series if you were assigned in the forensic
21 building.

22 BY MR. KRETCHMAR:

23 Q. Okay. Great. Continue then. What --
24 what was the next development after that?

1 A. Then in 2003 I became an RN 1, registered
2 nurse 1, 2000 -- that was 2003, and then in 2011-ish
3 I became a nurse manager, and then in 2015, I believe
4 it was 2015, I became the associate director of
5 nursing for the forensic treatment program, and then
6 in 2019 I became the interim director of nursing.

7 Q. When were you the nurse manager on -- on
8 L-Unit?

9 A. That was my first assignment, so that would
10 have been 2011.

11 Q. And how long were you nurse manager there?

12 A. Actually, I apologize. It may have been till
13 2014. So probably three years.

14 Q. Were you nurse manager on a different unit
15 after L before you became associate director of
16 nursing?

17 A. Well, I did -- at -- there was a period of
18 time I managed two units, Hartman and K and L, so I
19 can't recall the -- the exact period of time, but I
20 did do both units.

21 Q. Okay. Maybe 2014 to 2015, something like
22 that?

23 A. I'd have to go back and look. I -- I
24 honestly can't recall. It was -- it was actually

1 earlier in my -- when I was a nurse manager. It was
2 in the beginning, so it may have even been 2012.

3 Q. Okay. Was there -- was there anything in
4 between nurse manager on L-Unit and associate
5 director of nursing?

6 A. Anything? No.

7 Q. Okay. In other words, you went -- you went
8 directly from being the nurse manager on L-Unit to
9 being the associate director of nursing for the
10 forensic treatment program?

11 A. I believe so. Again, I'm kind of foggy on
12 when the Hartman piece came in, but, yes, I believe I
13 left K and L -- I'm sorry. It's K and L. It was
14 both modules.

15 Q. Right, right.

16 A. I believe I was assigned to K and L and then
17 went to associate director, but there is an interim
18 period where I was also temporarily assigned as the
19 ADON prior to getting the position full-time.

20 Q. Okay.

21 A. That's why I'm saying it may have been 2014
22 when I was TA'd -- excuse me. Sorry. I'm using
23 initials. Temporarily assigned. And then 2015 is
24 when I -- I believe I got the position permanently.

1 Q. This ADON?

2 A. Correct.

3 Q. I want to practice using these initials.

4 A. I know. We have a lot of them.

5 Q. I understand.

6 (Deposition Exhibit Number 1 was marked for
7 identification.)

8 BY MR. KRETCHMAR:

9 Q. I'd like you to take a look at Exhibit 1
10 or -- or -- Joe or Mary, somebody's going to bring
11 this up.

12 MR. CECALA: I'm going to try my best.

13 MR. KRETCHMAR: Yeah. There we go.

14 BY MR. KRETCHMAR:

15 Q. This is entitled transcript of Colleen
16 McBain-Delaney, interview on the 9th of November
17 2017.

18 MR. CECALA: Give me one second to just --
19 I'm going to try this. My computer is just a little
20 bit slow, so give me one second.

21 BY MR. KRETCHMAR:

22 Q. Well, while Joe is playing with this, I -- I
23 just want to ask you do you recall being questioned
24 by the Illinois State Police on November 9, 2017?

1 A. Yes.

2 Q. Were you thinking? It sounded like you were
3 a little hesitant.

4 A. I -- I have a recollection of meeting with
5 the State Police in our FTP building, and I -- I
6 don't recall any other situation that I would have
7 met with them, so I'm assuming that's the instance.

8 Q. Okay. Fair enough. When you met with the
9 police and they questioned you, were you truthful
10 with them when you answered their questions?

11 A. I hope I was. I would -- I don't -- I can't
12 think of any reason I wouldn't have been.

13 Q. Good. Do you understand that when the police
14 ask you questions, you have to tell them the truth,
15 right?

16 A. Yes.

17 Q. And you -- you were generally familiar with
18 that concept at the time when you met with them?

19 A. Yes.

20 Q. Okay. I'll take that.

21 Can we go to page 3? There we go.

22 Line 11 --

23 MR. CECALA: Let me -- let me just ask.

24 Colleen, can you see this?

1 THE WITNESS: Yeah. Yeah, sorry.

2 MR. CECALA: If I shrink it a little bit
3 more, can you see it?

4 THE WITNESS: Yes.

5 MR. CECALA: Is that too small?

6 THE WITNESS: Yes.

7 MR. CECALA: It's too small?

8 THE WITNESS: Right there is too small.
9 Sorry.

10 MR. CECALA: That's okay.

11 THE WITNESS: Right there is good.

12 MR. CECALA: Okay. Great.

13 BY MR. KRETCHMAR:

14 Q. Okay. On line 11 -- they had asked you how
15 long have you been associate director of nursing, and
16 you answered -- this is actually line 8. Line 9 you
17 say, "This is so terrible. I forget. I think two
18 years." "Since 2015?" "Yes." And you were
19 temporarily assigned, then became permanent.

20 That's consistent with what you
21 stated a minute ago.

22 The temporary assignment is what is
23 confusing your memory, I presume; is that correct?

24 A. Yes, because -- well, yes.

1 MR. CECALA: Give us one second.

2 (Pause.)

3 BY MR. KRETCHMAR:

4 Q. Colleen, could you tell me what were your
5 responsibilities as associate director of nursing in
6 the forensic treatment program?

7 A. Supervise the areas that were assigned to me
8 as far as specific nursing units -- oh, there it is
9 right there. I oversee the nursing department for
10 the forensic program.

11 Q. Okay. So that's the whole forensic program,
12 in other words? All of the -- the UST and NGRI
13 units?

14 A. Yes.

15 Q. And when you say the areas assigned to you,
16 did you supervise only nurses or did you supervise
17 STAs or social workers? Who actually was under your
18 supervision?

19 A. Nurses, STAs, support service workers. I see
20 in this transcript it says sport service workers, but
21 it's support, which means essentially housekeeping.

22 Q. Oh, I see. I see. You're talking about on
23 line --

24 A. 21.

1 Q. Yeah, yeah. That should have been support
2 rather than sport?

3 A. Correct.

4 Q. Now, what about activity therapists?

5 A. No.

6 Q. Those -- activity therapists were not under
7 your supervision?

8 A. No.

9 Q. Who supervised the ATs?

10 A. At that time or now?

11 Q. Both.

12 A. 20 -- you know, I don't -- it may have been
13 Allan Snyder at that time.

14 Q. And what was his position?

15 A. I think they had him -- director of rehab
16 services may have been his title.

17 Q. Okay. And in present time, is it also a
18 director of rehab services who supervises activity
19 therapists?

20 A. Yeah, yes.

21 Q. Okay. Who would that be now?

22 A. Heidi Weisman.

23 Q. So STAs, in any event, reported directly to
24 you when you were associate director of nursing,

1 correct?

2 A. No, STAs reported directly to the -- the
3 nurse manager and the nurse managers reported
4 directly to me.

5 Q. Okay. Indirectly. I understand. The nurse
6 manager was a different person on each unit or maybe
7 a couple units, as you were at one point, right?

8 A. Correct.

9 Q. Okay. And whom did you report to when you
10 were associate director of nursing?

11 A. The director of nursing, Diana Hogan.

12 Q. Okay. Then you became director of nursing;
13 is that correct?

14 A. Interim. Again, this -- this is that weird
15 TA situation. So -- sorry. That's actually my work
16 phone. My -- when Diana Hogan retired, I was
17 selected to be in the position until it was filled.

18 Q. Was it filled by someone else or was it
19 filled by you eventually?

20 A. It actually has currently been filled by
21 someone else.

22 Q. So -- so were you -- but you were director of
23 nursing at some point, right?

24 A. Yes, I have been since -- I did a TA -- let

1 me use TA. I was temporarily assigned as interim
2 director of nursing from March of 2019, and this I
3 remember because it was very specific, until October
4 of 2019, and then again in January of 2020 and
5 actually my interim ends as of Thursday. So almost
6 three years.

7 Q. When you were associate director of nursing
8 for the forensic treatment program and when you were
9 either temporarily assigned or acting or officially
10 the director of nursing, in those two positions,
11 however qualified, associate director of nursing,
12 director of nursing, were you a member of the
13 administration at Elgin Mental Health Center?

14 A. Yes.

15 Q. Okay. Now I want to go to page --

16 MR. CECALA: One second.

17 MR. KRETCHMAR: Hang on. Hang on.

18 MS. JOHNSTON: Randy, while you're looking
19 at that, and I apologize here, Stacey, could you just
20 read back the last question and answer? I apologize.
21 My audio went out for a minute.

22 (Record read back as requested.)

23 BY MR. KRETCHMAR:

24 Q. I'm going to tell you the next question and

1 then we're going to look at the transcript.

2 During your Illinois State Police
3 interview, you told them that you had learned about
4 the situation with Ben Hurt and Christy Lenhardt
5 because you were in leadership. Do you recall that?
6 We're looking at page 4, lines 5 through 8.

7 Let's see. I'd like you to actually
8 read your answer out loud, lines 7 -- 7 to 11.

9 A. Okay. Answer: "I was aware, because I'm in
10 leadership, that -- so there were discussions that
11 Mr. Hurt had, I think, numerous flash drives or
12 computer paraphernalia, and that there was
13 potentially some evidence of him and a staff member
14 having an inappropriate relationship."

15 Q. Thank you.

16 MR. CECALA: I just want to make sure the
17 record is clear. So the police asked you in line 5,
18 "What was your understanding -- what did you hear
19 prior to it going on all over the news?" Referring
20 to Ben and Christy's situation. And that -- you just
21 read the answer you gave the police.

22 BY MR. KRETCHMAR:

23 Q. Does that -- does that sound consistent with
24 your recollection of that interview?

1 A. I don't recall specifics of that interview,
2 but...

3 Q. It doesn't sound inconsistent with any
4 recollection, though. Is that safe to say?

5 A. Correct.

6 Q. Okay. You were attending administrative
7 meetings at the time, right?

8 Again, we're looking at page 4 here,
9 and this is all the way from line 1 through line 20,
10 I think, is relevant. Feel free to refer to that.

11 A. Okay.

12 MR. CECALA: Hold on one second.

13 (Pause.)

14 BY MR. KRETCHMAR:

15 Q. So the question is is it correct that you
16 were attending administrative meetings at the time?

17 A. Correct. And as I'm reading this in No. 7
18 where it says because I'm in leadership and looking
19 at the context, I meant leadership -- we called our
20 morning meetings a leadership meeting.

21 Q. Good.

22 MR. CECALA: Can I help clarify that?

23

24

EXAMINATION

BY MR. CECALA:

Q. So -- but -- the leadership meeting, you mean the administrative leadership, right?

A. Well -- administrative leadership. It was -- the -- the meeting -- like all the department heads met in the morning meeting.

Q. Right. So -- because there's -- there's other morning meetings that are the --

MR. KRETCHMAR: On the unit.

BY MR. CECALA:

Q. -- on the unit that are treatment teams, correct?

A. Correct.

Q. So on lines 16 and 17 the police ask you, "And you said that was for like directors and like command meeting, if you will?" And you said, "Yeah, administrative." Question: "Administrative meeting?" And you say "Yeah."

So the meeting we're wanting to differentiate here is this wasn't a meeting of the treatment team with the social workers and the psychiatrists and the psychologists and the patients. This is a different meeting, right? It's -- you're

1 calling it -- I don't know the exact term you used,
2 but...

3 MR. KRETCHMAR: Leadership or
4 administrative.

5 BY MR. CECALA:

6 Q. The administrators are -- they have a
7 separate meeting than the -- than the unit meetings,
8 correct?

9 A. Correct.

10 MR. CECALA: Okay.

11 EXAMINATION

12 BY MR. KRETCHMAR:

13 Q. Can you -- can you recall who else was in
14 these meetings? You gave a few examples, the head of
15 departments, but, for example, how about head of
16 security, Bill Epperson?

17 A. Yeah, the chief was in -- and, I'm sorry,
18 this was 2017?

19 Q. Yes.

20 A. Are you asking names or just like titles
21 who -- who would be?

22 MR. CECALA: Wait. Wait. One second.

23 (Pause.)

24

1 BY MR. KRETCHMAR:

2 Q. During what time periods were you
3 "administration"?

4 A. Well, I don't -- I don't know. I -- I don't
5 know if we would consider the associate directors of
6 nursing administration, so -- I could clearly state
7 that I was part of administration from March of 2019
8 until current.

9 EXAMINATION

10 BY MR. CECALA:

11 Q. So when you were answering these particular
12 questions here, you were a participant, though, in
13 leadership meetings, right?

14 A. Correct.

15 Q. Okay. So the time period for these questions
16 is during, let's just make -- I'll give you a window,
17 from, say, January of 2017 until August of 2017.
18 Those are the administrative meetings you were
19 talking about here and that's -- appears to be what
20 you were telling the police, right?

21 A. I'm sorry?

22 Q. So the time period, you were -- you were
23 asking about it, and we want to clear up the time
24 period. So from January of 2017 until August of 2017

1 you were in administrative meetings, right?

2 A. Correct.

3 Q. Okay. So that's the time frame we're talking
4 about, and he was asking now who else was part of
5 that.

6 MR. CECALA: So go ahead, Randy.

7 EXAMINATION

8 BY MR. KRETCHMAR:

9 Q. Yeah. We got chief of security was part of
10 it. Who else was in those administrative meetings?

11 A. It was usually -- I mean, you know, give or
12 take on any specific date, some people weren't
13 present, but it was usually the HA, so the hospital
14 administrator, the medical --

15 Q. And at that time was the hospital
16 administrator Mr. Dawson?

17 A. You know what, I -- I don't recall if it was
18 Mr. Dawson or Meredith Kiss.

19 Q. Fair enough.

20 A. It was one of them. I can't recall when
21 Mr. Dawson took the position.

22 Q. Well, fair enough. Who else was generally in
23 these administrative meetings, if not every single
24 day?

1 A. So the -- the hospital administrator, the
2 medical director -- do you want names or just the
3 titles?

4 Q. Well, was the -- was the medical director Dan
5 Hardy at that time?

6 A. Well, it -- Dan Hardy and Malini Patel.

7 Q. Okay. And who else? I mean, start with just
8 titles, I suppose.

9 A. Okay. So the hospital administrator, medical
10 director, director of nursing, the associate
11 directors of nursing. Who else was in there? Chief
12 of security. I mean, for a while the HR director was
13 attending; I mean, periodically the chief, the
14 engineer, the chief of engineering. Oh, the business
15 administrator.

16 Q. What about court services?

17 A. No, they didn't attend. It would -- oh,
18 there. It would have been the -- the FTP director,
19 the clinical director. Yeah, I think that's about
20 everyone.

21 Q. Fair enough.

22 A. Did I say the HR director?

23 MR. CECALA: I think you did mention the HR
24 director.

1 THE WITNESS: Okay.

2 BY MR. KRETCHMAR:

3 Q. Was that -- was that Darrell Williamson at
4 the time?

5 A. Boy. No, I think Derek was gone. God, I
6 can't -- what was that guy's name? Roger Pedan
7 (phonetic.) It may have been Roger Pedan.

8 EXAMINATION

9 BY MR. CECALA:

10 Q. Okay. So -- is it okay if I call you
11 Colleen?

12 A. Please.

13 Q. Okay. Great. So we're looking at the
14 transcript, lines 7 through 11. You already read
15 this answer in where you became aware. And the
16 question was prior to the things going over the news
17 about the flash drives and paraphernalia and evidence
18 of -- of a staff member having an inappropriate
19 relationship, and you -- you say you found that out
20 at an administrative meeting.

21 What -- what do you recall that was
22 said about that at the administrative meeting?

23 A. I don't -- I don't really recall specifics
24 anymore, but I know it sort of came to light that

1 something was going on because we had to seal the
2 office, so that's -- I remember that we had
3 something -- that we had to seal the office because
4 ISP was going to do an investigation.

5 Q. Okay. And just so I'm clear. Does the --
6 do the administrative meetings happen every day?

7 A. They do now, but at -- there was a period
8 where they were only being held like Mondays and
9 Fridays, so...

10 Q. So was it -- was it Mondays and Fridays in
11 the 2017 time frame?

12 A. I can't recall.

13 Q. Maybe -- do you recall when -- like
14 approximately when it would have shifted to an every
15 day versus a Monday/Friday?

16 A. Ms. Kiss was -- was still here when we
17 started every day, so it would be aligning with when
18 she was the HA.

19 Q. So -- and was she the HA before Brian Dawson?

20 A. Yes.

21 Q. So the everyday shift for administrative
22 meetings would happen during her tenure as HA and
23 then Brian Dawson continued that practice as HA,
24 where he was administrator?

1 A. Correct.

2 Q. So, you know, just also out of curiosity.
3 About what time did the administrative meetings
4 happen? Were they first thing in the morning or
5 afternoon?

6 A. No, it was -- it was always in the morning.
7 I think we -- right now we meet at 8:45, so I'm
8 guessing that was the same then.

9 Q. And -- okay. And was it 8:45 when it was
10 just Monday/Fridays as well?

11 A. Yeah, it was always in the morning.

12 Q. So was the administrative meeting where the
13 discussion about the flash drives and paraphernalia
14 happened the same day? So the -- I think counsel can
15 probably stipulate that the flash drives were
16 discovered on June 30, 2017. That's a -- kind of a
17 well-known date and all over the records.

18 Was the administrative meeting that
19 you're referring to, did that happen on the same day
20 that the discovery happened, if you recall?

21 A. I don't recall.

22 Q. Well, you were saying that you had to seal
23 off the room for the State Police, right?

24 A. I'm sorry? I was saying I had to seal off

1 the room?

2 Q. You were saying that administration discussed
3 sealing off the room for the State Police to
4 investigate, correct?

5 A. Correct.

6 Q. And that was part of the administration
7 discussion, right? I think you testified about that
8 earlier.

9 A. I don't recall at this time.

10 Q. Do you recall what room it was? Was it
11 Christy Lenhardt's office that they were needing to
12 seal off?

13 A. Yes.

14 Q. Right, because the police ask you on line 12
15 which staff member, pertaining to this inappropriate
16 relationship, and on line 13 you answered "Christy
17 Lenhardt."

18 So you -- do you recall that as part
19 of the meeting, they went -- they had to go seal off
20 Christy's office because she was the one that was the
21 kind of target of what became an investigation?

22 A. I mean, that's the assumption. I don't know
23 if I knew all this after the fact of it being sealed
24 off or -- but it was the office she occupied.

1 Q. Okay.

2 MR. CECALA: One second.

3 (Pause.)

4 BY MR. CECALA:

5 Q. Okay. So the -- the administrative meeting
6 where the flash drives and computer paraphernalia
7 were discussed, I was -- I was asking you earlier
8 whether it was the same day. June 30, 2017 was on a
9 Friday. That would make July 3, 2017 a Monday.

10 So do you recall whether that
11 administrative meeting where this was discussed was
12 the same day, which would have been Friday, or was it
13 after the weekend, which would have been the
14 following Monday?

15 A. No clue.

16 Q. Was it -- but it was an ongoing situation
17 when it was being discussed, right?

18 A. After -- after the office was sealed?

19 Q. Yes.

20 A. I -- I can't -- I can't say it was an ongoing
21 discussion because I know once -- I can't recall.

22 Q. Well, was it -- it wasn't like four months
23 later, right?

24 A. Four months? I'm sorry? Four months later

1 that what?

2 Q. It wasn't -- it wasn't four -- it wasn't
3 like -- this happened on June 30th when the flash
4 drives and computer paraphernalia were revealed in
5 the administrative meeting. That revelation didn't
6 happen in October, right, that would have been months
7 later? Was it -- the administration was having a
8 meeting about the unfolding, kind of, oh, boy, look
9 what happened situation, right?

10 A. I can't recall.

11 Q. So do you recall that during this
12 administrative meeting where the flash drives and
13 computer paraphernalia were discussed, do you recall
14 whether Bill Epperson was at that meeting?

15 A. Yes, because I -- no. Let me retract that.
16 I shouldn't say, yes, he was at that specific meeting
17 or a specific meeting, but I recall that he would
18 have -- he would -- as the chief, he would have been
19 the one to -- to indicate to us that ISP was going to
20 be on grounds doing an investigation or that, you
21 know, there's an area that's being sealed off, so
22 that would have come from the chief.

23 Q. So -- so you -- do you recall anything more
24 specific about what he may have said to you in the

1 meeting or to the group?

2 A. No, not at this time.

3 Q. Do you recall whether he was coming and going
4 from that meeting when it was had, or did he deliver
5 all the information about ISP coming for the
6 investigation at one time?

7 A. I don't -- I'm sorry. I don't recall. I
8 mean, I'm -- I assume maybe in 2017 when I was
9 questioned by ISP, I may have had better recall, but
10 I don't right now.

11 Q. No worries. You know, just so you know, I
12 know taking -- being deposed isn't easy. If you can
13 remember things, I appreciate -- you appear to be
14 sincerely trying to remember, so, you know, if you
15 can't recall it, that's okay.

16 A. Okay.

17 Q. So -- and I'll ask you -- please don't be
18 offended. I'm trying to get what is your memory of
19 this, and I may ask you questions to help refresh
20 your memory of things. Okay?

21 A. Yeah.

22 Q. So did -- as part of Bill providing the
23 information, do you ever remember him sharing a
24 journal which belonged to Ben Hurt that security had

1 confiscated from Ben's room? Did he share any
2 information about a journal?

3 A. I have a vague recollection of something
4 about a journal, but I don't know if I actually ever
5 saw the journal or if it was just stated that there
6 was a journal.

7 Q. Okay. Do you remember what, if anything, he
8 said about what was written in the journal?

9 A. I don't.

10 (Deposition Exhibit Number 2 was marked for
11 identification.)

12 BY MR. CECALA:

13 Q. So I'm going to ask you to take a look at
14 Exhibit 2. For the record, this is documents that
15 were delivered from the Illinois State Police, and
16 they're Bates stamped ISP, the first page, 111 and I
17 think it goes to 114.

18 Have you ever seen this report from
19 the State Police?

20 A. No.

21 Q. Okay. So on page 3 of what the State Police
22 provided, this is an Elgin security report.

23 I'm going to shrink it a little bit,
24 see if you can still read it. Can you -- can you

1 make that out?

2 A. Yeah.

3 Q. Okay, great. Could you take a look at this
4 document? It's ISP 113.

5 A. I'm sorry. Did you want me to read it?

6 Q. Well, I want you to take a -- take a look at
7 it to see if this is anything you've ever seen
8 before. I'll ask questions about it, but once you've
9 seen the whole document, let me know.

10 A. No, I've -- I have not seen this specific
11 document. I've seen security reports, but not this
12 one.

13 Q. Okay. And I think it goes on to page 2.
14 Does anything on this second page, which is ISP page
15 114, ring a bell?

16 A. It rings a bell that there were flash drives
17 and apparently contraband found in his room. Can I
18 read the first report?

19 Q. Sure. Sure. You mean the State Police
20 summary?

21 A. This right here. Is this our internal?

22 Q. So let's just make a record here. So this is
23 a document prepared by -- reporting officer at the
24 bottom is Epperson. I guess that's his employee

1 number, No. 57, and Security Shift Charge Jackson,
2 No. 81, but the reporting officer is Bill Epperson;
3 and it's a security report documenting the search and
4 the incident on June 30th of discovering information
5 in Ben's room, but you're welcome to read it, yes.
6 When you're finished, let me know.

7 A. Okay.

8 Q. You've read it?

9 A. Yeah.

10 Q. Do you want to see the second page as well?
11 Or were you able to read that?

12 A. No, that's fine. Thank you.

13 Q. Okay. No, no worries.

14 So do you see on this report, which
15 apparently was prepared by Chief Epperson, it says
16 date of occurrence, June 30, 2017? Do you see that
17 day?

18 A. I'm sorry. Date of occurrence? Yes.

19 Q. Okay. And then next to that is a set of
20 boxes. It says time of occurrence, 0730 hours. Do
21 you see that?

22 A. Yep.

23 Q. And the date of the report, it's the same day
24 of the occurrence, June 30, 2017. Do you see that?

1 A. Yes.

2 Q. And then it says time of report, 1100 hours,
3 correct?

4 A. Yes.

5 Q. So this -- this is a report that indicates
6 that by 11:00 a.m. the audio recordings of Ben and
7 Christy had been -- the room had been searched, the
8 audio recordings were obtained, and they were
9 reviewed by Chief Epperson. And the last line of the
10 report says, at the very bottom, hospital
11 administrator notified by 11:00 a.m.

12 Is that your understanding of your
13 reading of this report?

14 A. That the hospital administrator was notified?

15 Q. Well, that's what Bill said, right?

16 A. Correct.

17 Q. And the report was prepared by 11:00 a.m.,
18 right?

19 A. Time of report, 11:00 a.m.

20 Q. Is that correct?

21 A. That's what it says on the document. I can't
22 indicate whether that's accurate or not.

23 Q. Sure. No, I'm -- I'm not expecting you to --
24 to attest to the truth of the document. I'm asking

1 you just to look at what's in there so we have
2 reference points for my next questions. Okay?

3 A. Yep.

4 Q. Okay. So in the middle of the report,
5 there's a sentence that begins "First download had
6 conversation."

7 Can you read from "First download"
8 all the way to, it looks like, four lines down, the
9 sentence that's ending with "Patient [REDACTED]?" Can
10 you read that?

11 A. "First download had conversation with
12 Lenhardt and patient Hurt. Talking about oral sex,
13 kissing, and how deep of a relationship they have
14 together. It also had the act of Lenhardt performing
15 oral sex on patient Hurt. Second audio file had them
16 discussing how Lenhardt assisted with the UA (escape)
17 of patient [REDACTED]."

18 Q. I'll stop you right there.

19 A. Okay.

20 Q. So here the audio recording that Chief
21 Epperson listened to, he says that it included
22 discussions between Ben and Christy about oral sex
23 and about Christy having helped [REDACTED]
24 escape, right?

1 A. Correct.

2 Q. So I want to go back to here. So when the
3 State Police spoke to you -- you read this answer
4 earlier. The police asked you on page 4 of
5 Exhibit 1, line 5, they asked, "What was your
6 understanding -- what did you hear prior to it going
7 on all over the news?"

8 And then in your answer you say "I
9 was aware, because I'm in leadership, that -- so
10 there were discussions that Mr. Hurt had."

11 Were you referring to the
12 conversations or discussions of the audio files that
13 Chief Epperson talked about in his report?

14 A. I don't recall, but from context, I would
15 assume yes.

16 Q. So you were referring to the contents of the
17 audio files which had discussions between Mr. Hurt
18 and Christy Lenhardt when you were referring to
19 discussions, right?

20 A. I was not aware of audio files.

21 Q. Well, I think a little bit earlier you --
22 you -- or a little -- right after this you say I -- I
23 think, numerous flash drives or computer
24 paraphernalia, there was evidence of a staff member

1 having an inappropriate relationship, right?

2 A. Correct.

3 Q. So how did you know that there were
4 discussions between Mr. Hurt and Ms. Lenhardt?

5 A. I don't think I'm -- what this looks like to
6 me, it says that there were -- "so there were
7 discussions that Mr. Hurt had, I think." So the
8 discussions were about him having -- I'm saying that
9 there were discussions in leadership, apparently,
10 that Mr. Hurt was found with flash drives and
11 computer paraphernalia. I'm not referencing
12 discussions that Mr. Hurt had with someone else.

13 Q. Okay. I'm not sure I understand your answer.
14 The last line on line 11 -- or 10 and 11, you say
15 "some evidence of him and a staff member having an
16 inappropriate relationship," right?

17 A. Correct.

18 Q. So the contents of the audio file reveal them
19 having oral sex and talking about a deep personal
20 relationship and kissing, right?

21 A. Yeah, but I wouldn't have been privy to that
22 information. I -- I -- that -- those details were
23 never revealed, not to me -- I'll say to me. That --
24 that's the first time I've seen that -- that much

1 detail about what was on those -- well, I don't know
2 if they were on flash drives; I assume they are,
3 that's where they came from.

4 Q. What did you mean by inappropriate
5 relationship then?

6 A. I -- at the time? You're asking right now
7 what would be an inappropriate relationship or what
8 did I mean in 2017?

9 Q. I'm asking about the statement you gave to
10 the State Police in 2017.

11 A. Inappropriate relationship would be any type
12 of personal relationship that wasn't part of the
13 therapeutic relationship. And at -- you know, out of
14 context, looking at this, I'm not -- I don't recall
15 how much I was aware of at -- in 2017. Obviously,
16 you know, five years later and it all over the media,
17 there's a lot of things that I'm aware of now, but I
18 can't speak for certain as to at that time. I know
19 for sure I did not know the details of -- or I never
20 heard the files or anything.

21 Q. Well, when you said inappropriate
22 relationship in 2017 to the police and you were at a
23 meeting where this was discussed or revealed, how
24 much of the information about an inappropriate

1 relationship was revealed by Chief Epperson at the
2 meeting?

3 A. I don't recall.

4 Q. What did you suspect when you said
5 inappropriate relationship that was on the flash
6 drives or computer paraphernalia?

7 A. I don't recall.

8 Q. So you don't recall what you were suspecting
9 was on the drives back then?

10 A. No.

11 Q. But you knew the State Police were being
12 called, right?

13 A. Correct.

14 Q. So you knew it wasn't just something where
15 Christy perhaps was giving Ben some candy, right?

16 A. Yeah, I knew that there was suspect --
17 suspicion of a crime if ISP's involved.

18 Q. So on the last line of page 4, going on to
19 page 5, the State Police ask you "So what was -- have
20 you heard anything and what was on the audio or what
21 they were partaking in specifically?"

22 And your answer on line 3 of page 5
23 was "Nothing."

24 So at the time the State Police

1 interviewed you, which is consistent with what you
2 said today, you're saying you knew nothing about the
3 contents of the discussions between Ben Hurt and
4 Christy Lenhardt, correct?

5 A. Correct.

6 MR. CECALA: Give me one second.

7 (Pause.)

8 BY MR. CECALA:

9 Q. Okay. So just a final question. So if we're
10 parsing out the knowledge you had from the
11 administrative meeting, you knew that there were
12 audio files and computer paraphernalia of some type
13 of an inappropriate relationship, but you didn't know
14 what the contents were, correct?

15 A. No. I was not aware of audio files. I knew
16 that they -- there was flash drives and some computer
17 stuff and that, you know, again, ISP -- the -- the
18 office was sealed off and ISP was coming.

19 Q. Okay. So I'm just -- I need to clarify this.
20 So I just want to go back to line 8 of your answer on
21 page 4, where you said "so there were discussions
22 that Mr. Hurt had."

23 A. No, I'm not saying he had discussions. I'm
24 saying there were discussions or there was -- it must

1 have been discussed that Mr. Hurt had numerous flash
2 drives or computer paraphernalia.

3 Q. I see. So you didn't know whether Mr. -- on
4 the flash drives or computer paraphernalia that Ben
5 Hurt was talking?

6 A. No.

7 Q. You -- you knew that at the administrative
8 meeting the administration was -- your -- your team
9 was talking about the fact that there were numerous
10 flash drives and computer paraphernalia that were --
11 when you say that Mr. Hurt had, that were in
12 possession of Mr. Hurt, right?

13 A. Correct, because having flash drives at the
14 time, that would have been considered contraband.

15 Q. Okay. We'll get to that, but the point is
16 that there were flash drives and computer
17 paraphernalia in possession of Mr. Hurt and that was
18 discussed at the meeting and that's what you knew
19 about, right?

20 A. Yes.

21 Q. Okay. So then -- and -- and you were also
22 aware, because they were calling State Police, that
23 there were evidence of him and Christy Lenhardt
24 having an inappropriate relationship somehow,

1 correct?

2 A. Correct.

3 Q. You didn't know whether there were
4 photographs or videotapes on the flash drives or
5 computer paraphernalia at that time, did you?

6 A. No.

7 Q. And you've already said you didn't know if
8 there were audio recordings on the flash drives or
9 computer paraphernalia, correct?

10 A. No.

11 Q. What did you think was on the flash drives or
12 computer paraphernalia that was the evidence of an
13 inappropriate relationship? What did you conclude
14 that may have been on there?

15 A. I had no idea.

16 Q. Okay. Great. I'm going to ask you now to
17 look at -- I'm going to shrink this and tell me
18 when -- I'm sorry. My eyes are not good either,
19 so -- but it's easier to move the document when it's
20 smaller. Can you read it now?

21 A. Yeah.

22 Q. How about try one more shrink, can you still
23 read it?

24 A. Yeah.

1 (Deposition Exhibit Number 3 was marked for
2 identification.)

3 BY MR. CECALA:

4 Q. Okay. Great. So this is Exhibit Number 3.
5 It is Bates stamp No. 27404, and it's a 15-page
6 exhibit of an e-mail dated January 19, 2017.

7 Do you recall ever seeing this e-mail
8 before?

9 A. No, not at this time.

10 Q. Well, does this help refresh your memory
11 of -- of an e-mail like this?

12 A. "Policy review at morning meeting today." I
13 mean, yeah, if -- yeah, Ann would send out, you know,
14 a synopsis of what was, you know, reviewed.

15 Q. Okay. And that's in the "to" section, where
16 it says Colleen Delaney, that's you, right?

17 A. Yes.

18 Q. So you would have received this e-mail, I
19 don't know if you remember the day you received it,
20 but this is -- there's no reason to believe it
21 wouldn't have arrived at your e-mail box, right?

22 A. Correct.

23 Q. Okay. And then you said the subject says
24 "Policy review at morning meeting today." And the

1 date is Thursday, January 19, 2017, at about 1:13
2 p.m., correct?

3 A. Correct.

4 Q. And then there's a list of attachments to the
5 document, correct?

6 A. Yes.

7 Q. And so it's -- it has -- the ones we're
8 concerned with are the attachments that are
9 PPM1870.doc and then Exhibit A, B and C with PPM1870
10 preceding it. Do you see those?

11 A. Yes.

12 Q. Okay. So I'm going to go down. So are you
13 familiar with the Elgin policy about nonconsensual
14 sex between patients?

15 A. Yes.

16 Q. What is that policy?

17 A. What is it?

18 Q. What is your understanding of it?

19 A. If -- if a patient alleges that they were,
20 you know -- I don't want to say forcibly because
21 that's a different -- let's say somebody -- a patient
22 touches another patient in a sexual manner or tries
23 to engage them in a sexual activity and the patient,
24 it's nonconsensual, they're telling -- you know,

1 saying this is not -- I don't want this, that we --
2 it's how we address those types of situations.

3 Q. Okay. Is there any similar policy,
4 statement -- and PPM from the exhibit says -- it
5 stands for policy and procedure manual, correct?

6 A. Yes.

7 Q. And that's -- that would be the Elgin policy,
8 right?

9 A. Correct.

10 Q. So are you aware of a similar policy or
11 procedure pertaining to sex between patients and
12 staff?

13 A. Well, that -- that would be out of our -- you
14 know, that -- that's something we wouldn't deal with
15 internally. We would call OIG and, you know, that
16 would be the security route, and I assume they
17 contact ISP.

18 Q. Right. So, in fact, does there even really
19 need to be a policy for sex between patients and
20 staff at Elgin?

21 A. Does there need to be a policy about it?

22 Q. Well, it's the law, right?

23 A. Right. We -- we're mandated reporters. We
24 would have to -- if there were any reports or, you

1 know, suspicions of that, we would call OIG.

2 Q. We'll get to the reporting in a minute. What
3 I'm suggesting is that if there's sex between a
4 patient and a staff person, that's actually a crime;
5 isn't it?

6 A. Yes.

7 Q. So you don't need a policy that says don't
8 break this particular law, right? You have to obey
9 the law anyway?

10 A. Well, you don't have to, but you should.

11 Q. Okay. Fair enough.

12 A. Because obviously we're here because somebody
13 didn't.

14 Q. Correct. I mean -- absolutely. So I'm
15 looking now at this document, which is a document
16 Bates stamped 27412. It's policy and procedure 1870,
17 Nonconsensual Sexual Contact Among Patients. Do you
18 see that?

19 A. Yes.

20 Q. And what's the point of having a policy on
21 nonconsensual sex between patients?

22 A. I'm sorry. What's the point of it?

23 Q. Yeah. From your understanding, what's the
24 purpose of having this policy?

1 A. To ensure the safety and, you know -- you
2 know, if somebody's being exposed to somebody who
3 they feel has traumatized them, we want to ensure
4 that that doesn't happen.

5 Q. Okay. Well, what is -- what does
6 nonconsensual mean?

7 A. Do you want me to read the definition?

8 Q. You can -- I mean, the definition is in Roman
9 numeral 2. You can read it, if you'd like, but
10 I'm -- I'm wondering what your understanding of
11 nonconsensual is.

12 A. Unwanted.

13 Q. So unwanted makes a distinction between
14 consensual and nonconsensual sex in your view, right?

15 A. In my view?

16 Q. Well --

17 A. Or according to the policy?

18 Q. Well, you know, in the definition of
19 nonconsensual sexual contact it just doesn't -- you
20 know, it doesn't give the single word definition of
21 unwanted, but that's a fair definition. You gave
22 your understanding of it. It's not a gotcha
23 question. I'm just trying to get what your
24 understanding of what are complex policy rules.

1 So, I mean, I can withdraw the
2 question. It's not that important. I'm just trying
3 to clarify your understanding. Okay?

4 So maybe I'll just ask it this way.
5 Is it possible for two involuntarily committed
6 patients to have any type of consensual sex at Elgin
7 Mental Health Center?

8 A. Yeah, that's -- that's such a -- that's so
9 gray. So the -- I guess the answer would be no.

10 Q. Okay. So there's -- there seems to be
11 considerable procedure here starting on 27412,
12 Roman 3, and going down on 27413, it ends on 27414.
13 It's very detailed. I don't have -- I'm not asking
14 you to go through all of it, but it's fairly
15 extensive.

16 Why do you think there's so much
17 procedure for dealing with a situation where patients
18 are having nonconsensual sex?

19 A. Why do I think there's so much procedure?

20 Q. Yeah. What is your viewpoint as to why this
21 very detailed procedure exists?

22 A. Well, I'll just keep it simple. You don't
23 want somebody who's a victim of a trauma to have
24 repeated exposure to the person that created the

1 trauma.

2 Q. Right. And if someone is a victim of a
3 trauma in a psychiatric hospital, like nonconsensual
4 sex, you really have to pay close attention to making
5 sure the victim is properly treated, right?

6 A. Correct.

7 MR. KRETCHMAR: Let me ask her a quick
8 clarification.

9 MR. CECALA: Yeah, go ahead. Randy has a
10 clarification.

11 MR. KRETCHMAR: When Joe asked you whether
12 it's possible for two involuntary patients at Elgin
13 Mental Health Center to have consensual sex, you
14 thought about that for quite a little while and you
15 said it's -- it's so gray. It's a complex question
16 to you, apparently; is that correct? Can you explain
17 that?

18 MS. JOHNSTON: Objection, relevance. You
19 can answer, Colleen.

20 THE WITNESS: If we had two individuals
21 who -- who were, say, you know, found in the act
22 of -- or engaged in sexual activity, two patients,
23 and, you know, we stop whatever the behavior is and
24 separate them, then we would find out if this was --

1 was either of them coerced or forced or do they feel,
2 you know, threatened or are they unsafe. If both of
3 them report that they -- I don't want to say -- yeah,
4 I guess, willingly engaged in the activity, we're
5 going to have a different response as opposed to
6 someone saying, you know, I was -- this was forced
7 upon me, I feel unsafe.

8 MR. CECALA: Okay. I think that answers it.

9 BY MR. CECALA:

10 Q. Now, on page -- sorry for my computer being
11 slow. This is Bates stamp 27415. Do you see this
12 page?

13 A. Yes.

14 Q. Okay. It's titled Response to Allegations of
15 Nonconsensual Sexual Contact Checklist, right?

16 A. Correct.

17 Q. And it looks like there's a very detailed
18 checklist of steps for the nurse manager to take in
19 the event of a reported sexual abuse.

20 Do you see that, items, it looks
21 like, 1 through 10 on this checklist?

22 A. That's the charge nurse, not the nurse
23 manager.

24 Q. Ah, okay. Good. So the charge nurse has

1 certain functions, right?

2 A. Correct.

3 Q. And then the -- beneath that is the AOD and
4 then the CNM. Can you -- do you know what those
5 initials stand for?

6 A. AOD stands for administrator on duty, so that
7 would be the on or off shifts -- or I should say
8 evening shift and night shift, in lieu of the nurse
9 manager, there's an AOD who -- and CNM is certified
10 nurse manager.

11 Q. Okay. So the certified nurse manager is not
12 necessarily the -- is not necessarily a director of
13 nursing, right? She's -- like your post was nurse
14 manager, that would have been a similar post,
15 sometimes you may have been the CNM, correct?

16 A. Well, it's interchangeable. Nurse manager
17 and CNM is the same thing.

18 Q. Okay. So -- and there's two items there;
19 No. 1, notify medical director, hospital
20 administrator and the director of nursing of the
21 event; 2, document the event in the AOD or the
22 morning report, correct?

23 A. Yes.

24 Q. So when I look at these procedures, this

1 obviously, per policy, only applies to the victim of
2 nonconsensual sexual contact between patients in this
3 policy, right?

4 A. Yes.

5 Q. Do you believe there would be a similar
6 procedure for a victim of sexual abuse who was the
7 victim of a staff member abusing them?

8 A. Yes.

9 Q. So are you aware of whether any of these
10 procedures were followed for Ben Hurt in July of 2017
11 after it was discovered he was being abused by
12 Christy Lenhardt?

13 A. I am not.

14 Q. When you were associate director of nursing,
15 were you ever notified about Ben Hurt being a victim
16 of sexual abuse by Christy Lenhardt?

17 A. I assume at some point after the ISP
18 investigation.

19 Q. Well, approximately when would you have
20 gotten that notification?

21 A. I can't -- I can't say. I don't recall.

22 Q. Was Ben Hurt -- was Ben Hurt still a patient
23 at the hospital when you were notified?

24 A. Yes.

1 Q. Do you recall how soon after June 30th it
2 would have been? Was it more than a week?

3 A. I don't recall, but I do know generally that
4 ISP investigations are -- take a while.

5 Q. Right. Well, this is different than the ISP
6 investigation, though, right? This is a checklist to
7 examine the victim of abuse, to make sure they're
8 properly treated, right?

9 A. Yeah, but if we didn't know he was the victim
10 of abuse, this wouldn't have been initiated. So,
11 again, the contents of those flash drives would not
12 have been known on the unit level for anybody to, you
13 know, initiate anything. Like I'm saying, ISP
14 investigations, they can take months, so it could
15 have been long after the fact that we were made aware
16 that there was evidence to any type of sexual
17 encounters.

18 Q. Are you aware of the date that Ben Hurt was
19 released from Elgin Mental Health Center?

20 A. No. I mean, I have access to that
21 information, but I don't know it offhand.

22 Q. I think counsel may stipulate that Ben's
23 Thiem date was July 22nd of 2017.

24 MR. CECALA: Would you stipulate to that,

1 Mary?

2 MS. JOHNSTON: Yeah, that's fine.

3 BY MR. CECALA:

4 Q. So, Colleen, from June 30th to July 22nd, Ben
5 was a patient at Elgin. My question is were you
6 notified between June 30th and July 22nd as associate
7 director of nursing that Ben was sexually abused, so
8 that this check sheet could be applied to him as a
9 victim?

10 A. No. Or let me -- not that I recall. I don't
11 recall that there was any clear we have evidence to
12 believe that this occurred.

13 Q. So when you say there wasn't clear evidence
14 of the sexual abuse, you don't mean that the audio
15 recordings didn't exist, right?

16 A. No. I said I don't recall that I was ever
17 told between June 30th and July 22nd that we have
18 credible evidence. Like there was never any clear
19 like, hey, this -- this probably occurred and we have
20 a potential victim, like -- yeah, there wasn't those
21 discussions.

22 Q. So in your experience both as nurse
23 manager -- actually, you have a long tenure, 28
24 years, at Elgin. So your whole experience at Elgin,

1 meaning all 28 years, are there repercussions or
2 ramifications that are negative or derogatory if a
3 patient is found to have nonconsensual sex with
4 another patient?

5 MS. JOHNSTON: Objection, relevance, but go
6 ahead and answer, Colleen.

7 THE WITNESS: I'm not sure I understand the
8 question.

9 BY MR. CECALA:

10 Q. So I'll ask it another way, and I can ask it
11 both -- in any sexual context. Is a patient -- do
12 you think the patients might be in fear of being
13 charted or in some way having it negatively reflect
14 in their mental health record if they're caught
15 having sex either with another patient or a staff
16 member?

17 A. I can't speculate on what they think.

18 Q. Well, it's not a speculation. It's your
19 viewpoint. It's your -- from your experience.

20 A. From my experience, do I think the patients
21 think that it would be negative if they were to be
22 found to have sex?

23 Q. Yes.

24 A. Yeah, I can't -- I can't -- I'm sorry. I

1 don't -- I can't answer for them.

2 Q. Well, I'll ask a foundation question. Do you
3 have any experience where patients are -- the
4 psychiatric term is hypersexual or touching other
5 patients when they're at Elgin?

6 A. Yes. Do I have experience? I've -- I've
7 observed patients who, in the course of their
8 illness, have, you know, exhibited hypersexual
9 behavior, but in those instances, the person is
10 symptomatic and, you know, we know it's a
11 manifestation of their illness. And so, of course,
12 we want to keep other people safe and -- and dissuade
13 that type of behavior; but from my experience, it
14 would be viewed as part of the illness.

15 Q. Would having sex with another person, be it
16 patient or staff member, be part of their mental
17 illness?

18 A. Could be. Could be a result of
19 hypersexuality.

20 Q. Are patients ever punished for engaging in
21 sex with other patients?

22 A. No, we don't punish patients, so...

23 Q. So would a -- would a patient view
24 restriction of rights or loss of privileges as a form

1 of punishment?

2 A. We don't punish patients, so it -- it would
3 never be a form of punishment. Have we had to
4 restrict the use of a building pass? Yes, we've had
5 to do that in the past. If we -- if we're -- if it's
6 brought to the treatment team that, you know, a
7 patient -- sorry?

8 MS. JOHNSTON: Sorry. That may have been
9 background noise on my end.

10 MR. CECALA: No worries.

11 MS. JOHNSTON: I apologize.

12 THE WITNESS: I thought someone was saying
13 hold on. Sorry.

14 MS. JOHNSTON: No, I think that was just
15 someone in the hallway on my end. Sorry about that,
16 Colleen.

17 THE WITNESS: So we've -- we've -- a patient
18 has had their -- the use of a building pass, you
19 know, restricted based on engaging in -- in sexual
20 activity in, say, like a -- like the library, if they
21 were going to the library to meet or something like
22 that.

23 BY MR. CECALA:

24 Q. So restrictions of rights and loss of

1 privilege actions limiting a patient's privileges or
2 rights are not used as a form of punishment to the
3 patients. Is that what you're saying?

4 A. Correct.

5 Q. Has, in your experience, a patient ever been
6 transferred to Chester Mental Health Center because
7 it was discovered he was having sex with other
8 patients or a staff person?

9 A. Not that I recall specifically, just -- I
10 mean, that may have been part of the presentation
11 with the patient, that may have been, you know, part
12 of the illness; but as far as specifically being
13 transferred due to having sex with another patient, I
14 don't recall that.

15 Q. So do patients suffer psychological trauma or
16 complications, in your experience, from sexual
17 encounters with other patients or staff?

18 MS. JOHNSTON: Objection, form.

19 THE WITNESS: I can't -- I can't comment on
20 that.

21 BY MR. CECALA:

22 Q. Okay. Well, are there clinicians at EMHC who
23 specialize in sexual trauma?

24 A. I don't know if they specialize in it, but we

1 do have psychologists and psychiatrists.

2 Q. So there's experienced staff people that deal
3 with the psychological effects of sexual trauma at
4 Elgin, right?

5 A. Yes.

6 Q. And would sexual abuse or trauma, in your
7 experience, be a significant issue for mentally ill
8 people?

9 MS. JOHNSTON: Objection, form. Please
10 answer, Colleen. Sorry.

11 THE WITNESS: I'm sorry. Would sexual abuse
12 or trauma -- say it again.

13 BY MR. CECALA:

14 Q. Would sexual abuse or trauma be a significant
15 issue for mentally ill people?

16 A. I would say sexual abuse or trauma is a
17 significant issue for any people.

18 Q. So that would include the mentally ill,
19 including the patients at Elgin, right?

20 A. Correct.

21 Q. From your experience, what are the likely
22 problems or complications that a person has after
23 being sexually abused?

24 A. I -- I'm not -- I have -- I don't have the

1 qualifications to answer that.

2 Q. Do you have experience with it?

3 A. I'm trying to think if there's been specific
4 patients who -- I mean, it -- we have --
5 unfortunately, a high percentage of our female
6 patients have sexual abuse histories, so it's -- it's
7 hard to say, you know, if it's their circumstance,
8 their mental illness, their -- their trauma history
9 what leads to what. So I can't say specifically
10 what's a result of sexual abuse.

11 Q. Okay. But this chart and checklist that we
12 have as an exhibit, isn't this part of the policy
13 that is intended to deal with any sexual abuse or
14 trauma for the victim of that at Elgin?

15 A. Can you scroll up, please, so I can see
16 the -- the policy?

17 Q. You want to see the policy and not the
18 checklist?

19 A. Yeah, I want to see the policy.

20 Q. Sure.

21 A. Because -- right -- okay. Thank you. Yeah.
22 As I stated previously, I mean, the intent of the
23 policy is to make sure that the person isn't exposed
24 to the person that they're indicating traumatized

1 them.

2 Q. Sure. I mean, if you want me to, I can pull
3 from the policy. If you look at Roman numeral 1
4 policy, it says nonconsensual sexual conduct (sic) in
5 line -- midway through the first sentence,
6 nonconsensual sexual contact and traumatization,
7 correct? So it's about the trauma that results from
8 nonconsensual sexual contact, right?

9 A. Correct.

10 Q. Then it's giving some purpose here -- well,
11 and some policy, which is it doesn't tolerate or
12 condone -- "EMHC does not tolerate or condone
13 nonconsensual contact between patients." And it says
14 it is -- "and is committed to taking immediate steps
15 to ensure the health and safety of individuals served
16 by responding quickly when such acts are committed in
17 this treatment setting," right? Is that what it
18 says?

19 A. Yes.

20 Q. And it uses the word immediately or immediate
21 steps and quickly, right?

22 A. Yes.

23 Q. All right. And "EMHC is also committed to
24 addressing and minimizing the trauma experienced by

1 alleged victims by offering treatment services
2 subsequent to their experience of nonconsensual
3 sexual contact," right?

4 A. Yes.

5 Q. So is it a fair summary to say that when
6 someone experiences nonconsensual sexual abuse, that
7 quickly and immediately the policy is to treat that
8 person to minimize the trauma, right?

9 A. If we are aware, correct.

10 Q. Well, does it say anything about if you're
11 aware in the policy?

12 A. Well, no. I mean, but if -- if we're not
13 aware of something, we can't address it.

14 Q. Sure. Understood. But the policy doesn't
15 have anything to do with whether you're aware or not,
16 right?

17 A. Well, again, we can't enact something that
18 we're not aware of. So we can't --

19 Q. Sure.

20 A. We can't do things to address a situation
21 unless we're aware of it. So if the patient reported
22 the nonconsensual sexual activity when it was
23 occurring or occurred, then it could have been
24 addressed.

1 Q. Right. So if the patient doesn't report it,
2 then you're saying you have no way of knowing it,
3 right?

4 A. Well, I mean, the patient doesn't necessarily
5 have to report it. If they do, then we can address
6 it immediately, but -- or if somebody else witnesses
7 it or if there's, you know -- there's got to be some
8 sort of indication that something is occurring.
9 Like, you know, for instance, we've had other
10 patients tell us that some two patients are engaging
11 in, you know, sexual activity and -- and that's how
12 we'll find out.

13 Q. Right. So there are -- the point is this
14 policy addresses what to do once you found out, and
15 there are numerous ways in which one could possibly
16 find out, right?

17 A. Correct.

18 Q. And just going back to this. But the policy
19 is, you know, quickly and immediately -- once found
20 out, quickly and immediately take steps to minimize
21 the trauma, correct?

22 A. Correct.

23 MS. JOHNSTON: Randy and Joe?

24 MR. CECALA: Yes, ma'am.

1 MS. JOHNSTON: Looks like we're moving on to
2 a new exhibit. Would this be an okay time to take a
3 quick five? Sorry. We've been going for almost two
4 hours, and I think everybody might...

5 MR. CECALA: Yeah. It's 11:44. If we want
6 to take a five-minute break, come back at 11:50.

7 MS. JOHNSTON: Yeah. Does that work for
8 everybody?

9 THE WITNESS: Yes, please. Sorry. I didn't
10 want to say I have to use the washroom.

11 MR. CECALA: No worries. Don't hesitate to
12 say so, Colleen.

13 MR. KRETCHMAR: Yeah, yeah, don't hesitate.

14 (A brief recess was taken.)

15 (Deposition Exhibit Number 4 was marked for
16 identification.)

17 BY MR. CECALA:

18 Q. So we're on to Exhibit Number 4.

19 Do you recognize what this is,
20 Colleen?

21 A. Yes, a progress note.

22 Q. And it's from -- the recipient name, it's Ben
23 Hurt's chart, correct?

24 A. Correct.

1 Q. So this is Bates stamp 14508 through --
2 continuously through 14529.

3 So the first chart note is a chart
4 note on June 29th, right? Is that the date and time
5 off to the left there?

6 A. Correct.

7 Q. So that's not the one I'm looking at with
8 you. I want to look at the next note. So do you see
9 the next note there, 6-30-17?

10 A. Yes.

11 Q. And it's written at 9:30 in the morning,
12 right?

13 A. Yes.

14 Q. And it says psychiatric note on the first
15 line?

16 A. Yeah.

17 Q. Now, we've done a lot of trying to get this
18 in. I'm going to read it, and if there's a word or
19 something that you think I'm mistaking, please let me
20 know, but I'm going to read this note into the
21 record. Okay?

22 It says: Mr. Hurt had a room search
23 by security. There is a security investigation going
24 on, and it was recommended by security to hold his

1 pass and not allow any off-unit activities. He was
2 also recommended to transport him in waist belt, hand
3 and ankle cuffs. The team met with Mr. Hurt, and he
4 stated, "I have no clue what is going on." He agreed
5 to cooperate with the investigation. Counseling
6 patient. And I think it's signed by Dr. Kareemi, MD.
7 Do you see that?

8 A. Yeah, I think the -- the last word is
9 counseling provided.

10 Q. Oh, okay, great. Counseling provided. Thank
11 you.

12 And this was a chart note made on
13 June 30th at 9:30 in the morning, right?

14 A. Yes.

15 Q. So this would -- if you recall, the security
16 report that was written by Bill Epperson had a time
17 of about 11:00 a.m., right?

18 A. Yes.

19 Q. So the room search, according to this note,
20 would have been completed by at least 9:30, with
21 enough time to inform Dr. Kareemi, so that she could
22 counsel Ben about the room search by 9:30, correct?

23 A. Yes.

24 Q. And just -- I forgot to ask this, but this

1 looks like a standard chart of a patient at Elgin,
2 correct?

3 A. Yes.

4 Q. And you would know what those charts look
5 like? You've been dealing with them for 28 years,
6 right?

7 A. Yes.

8 Q. So in the administrative meeting on Friday,
9 June 30th, which you said usually starts around 8:45
10 in the morning, was it ever brought up about
11 restricting Ben with a waist belt, hand and ankle
12 cuffs?

13 A. I don't recall.

14 Q. Did you know about the fact that Ben had a
15 doctor's appointment on that day at the
16 administrative meeting?

17 A. No, I wouldn't. The process regarding
18 whether to use -- or what type of transport devices
19 are used or not used is -- they do that at the unit
20 level.

21 Q. Okay. So it would not be something
22 administration would have voiced their viewpoint on,
23 for him to be restrained for his doctor's
24 appointment?

1 A. Well, no. I mean, it's -- it's done at the
2 unit level and then it's signed off -- I believe the
3 FTP director and the medical director sign off on
4 that form.

5 Q. So the unit would have had to have decided to
6 transport him in restraints sometime before 9:30,
7 right?

8 A. I would say that, yeah, or at least around
9 that time because Dr. Kareemi would have been -- they
10 would have had to sign the -- the transport form.

11 Q. Is the FTP director part of administration?

12 A. Yeah.

13 Q. So you don't know whether the form was signed
14 before, during or after the administrative meeting,
15 do you?

16 A. No.

17 Q. But someone, FTP director in particular, has
18 to sign a form to impose these restraints on a
19 patient, correct?

20 A. I apologize for the delay. I'm just trying
21 to -- because I've been out of that position, I'm
22 fairly sure the FTP director signs off and the
23 medical director or designee. It might be the
24 designee.

1 Q. So who would the designee be? Would that be
2 another member of administration or is it someone
3 else?

4 A. No, it would be a -- well, it would be -- for
5 the medical director, it would be whoever she assigns
6 to do that or somebody who -- who stands in when
7 she's not there.

8 Q. But it -- it wouldn't be something that the
9 treatment team could do on their own accord, right?

10 A. No.

11 Q. And I don't remember what you said. Did you
12 know about this on -- on June 30th at the time of the
13 administrative meeting?

14 A. Not that I recall, no.

15 Q. Did you ever find out about it?

16 A. That Ben was required this level of
17 restraint?

18 Q. Yes.

19 A. Not that I recall.

20 Q. So the next page, which is Bates stamp 14509,
21 there's -- at the top of this there's another note
22 dated June 30, 2017 at 15:15 -- sorry, I'm familiar
23 with military time, but it's 3:15 p.m., right?

24 A. Correct.

1 Q. Can you read that note?

2 A. It says, PCP note, which would be primary
3 care physician. Per Brian Dawson quote, unquote --
4 excuse me (hospital administrator), effective 6-30-17
5 at 15:15 through 7-3-17 at 16:00 for ROR of telephone
6 use.

7 Q. So this was the hospital administrator
8 issuing a restriction of rights to Ben Hurt at 3 --
9 by 3:15 on June 30th, right?

10 A. Correct.

11 Q. Did you know about this restriction of
12 telephone use by 3:15 on June 30th?

13 A. No, not that I recall.

14 Q. Did you find out about the restriction of
15 telephone use?

16 A. I -- I don't recall if it was ever discussed
17 in an administration meeting. I don't have a
18 recollection of it being discussed.

19 Q. So on the next page there's a 15 -- I'm
20 sorry, Bates stamp 14510, there's another chart note
21 6-30-17 at 16:00. Do you see that note?

22 A. Yeah. I'm sorry. Did you say the first note
23 at the top or the third?

24 Q. The first note at the top.

1 A. Yeah, I see that.

2 Q. So -- and this is an NSG note. Does that
3 stand for nursing?

4 A. Yes.

5 Q. So can you read the first line?

6 A. It says, P, which stands for -- I don't know
7 if you need to know that, but it says "P - ROR for
8 phone use per administration."

9 Q. Okay. And then the next line, what does that
10 say?

11 A. I cannot read that first word.

12 Q. I think it says MOD.

13 A. Oh, MOD -- nope. No idea what that says.

14 Q. Does it look like called?

15 A. Okay. MOD called -- nope.

16 Q. There's two words there, I don't know what
17 they are, but then it looks like it says for ROR for
18 phone use?

19 A. Yeah, MOD called to -- I don't know what that
20 says either -- for ROR for phone use from 15:15 to
21 16:00 on 7-3-17.

22 Q. Yeah, this one's more difficult to read. And
23 then what's the next note?

24 A. I'm sorry. The next note on 7-3?

1 Q. Yeah, the next -- no, no, on -- I'm sorry,
2 the next line of the 6-30 note. It looks like it
3 says ROR for phone use was completed by social
4 worker?

5 A. Yeah.

6 Q. And explained something patient?

7 A. Explained to the patient.

8 Q. To the patient.

9 A. Yeah.

10 Q. And then it says something of ROR given to
11 patient. It looks like copy of ROR given to patient.

12 A. Yeah. Patient voiced understanding of ROR
13 when approached and stated that the social worker
14 explained it to him.

15 Q. And the last line is continue to monitor
16 patient, right?

17 A. Yeah.

18 Q. Okay. Right. Then there's a 7-3 note, which
19 looks to be a medical note about an injury.

20 A. Yeah.

21 Q. Then the next note is on June 30th by a
22 social worker II, also at 15:15 p.m. And this
23 note -- yeah, go ahead.

24 A. Sorry. I'm just looking at the format.

1 Actually, it was written on 7-3 of '17 at 11:00 a.m.,
2 and -- so when that's written like that, it's a late
3 entry for 6-30-17 at 15:15.

4 Q. Right. So the social worker is writing on
5 July 3rd, Monday, at 11:00 about something that
6 happened at 3:15 on Friday, right?

7 A. Correct.

8 Q. And I think this says this writer met with
9 patient by request of nurse manager. Do you see
10 that?

11 A. Yeah.

12 Q. Patient given ROR for telephone use until
13 Monday, 7-3, 16:00, right?

14 A. Yeah.

15 Q. Patient informed this is due to
16 administrative directive due to investigation
17 involving patient, correct?

18 A. Patient informed this is due to
19 administrative directive due to investigation
20 involving -- yeah.

21 Q. Then it says patient asked about what --
22 patient asked what would happen if he appeal (sic) it
23 and then it says ignored --

24 A. I don't know if it says appeal it. It says

1 patient informed --

2 Q. Well, it says patient asked about would
3 happen if he appeal it.

4 A. I can't say whether that says appeal or not.

5 Q. Okay. But after that it says patient
6 informed -- I can't read the next word.

7 A. Me neither. Sorry. Something, something
8 needed.

9 Q. Right. And then it says patient then asked
10 what would happen if he used phone. Patient informed
11 that security would likely have to be called. He
12 agreed to the restriction. Patient denied to take
13 copy of ROR and then closed mind as we left
14 conference.

15 A. Yeah, I don't know.

16 Q. Which word are you uncertain of there?

17 A. Patient declined to take copy of ROR and --
18 oh, then he closed something as we left conference.

19 Q. Okay. Then it says patient was calm
20 throughout discussions, but was clearly not pleased,
21 right?

22 A. Yeah.

23 Q. And that would have been a recording of what
24 happened on June 30th at 3:15 p.m., right?

1 A. Correct.

2 Q. So in there it does say that the writer --
3 the writer met with the patient by the request of the
4 nurse manager to give him this ROR, correct?

5 A. Correct.

6 Q. So were you aware on June 30th, as part of
7 administration, that Ben's telephone rights were
8 restricted until July 3rd?

9 A. No, not -- not that I recall.

10 Q. Was the nurse manager someone who reported to
11 you?

12 A. Yes.

13 Q. So someone would have had to tell her to do
14 this, right?

15 A. Correct. Her or him.

16 Q. Her or him. I apologize. You're right. I
17 don't know who the nurse manager was. I don't want
18 to assume.

19 But whoever the nurse manager was,
20 would have been told to tell the social worker to
21 issue the ROR, correct?

22 A. Correct.

23 Q. So do you know who the nurse manager was at
24 that time?

1 A. It may have been Tom Comford (phonetic) at
2 that time.

3 Q. Okay. Do you recall telling Tom to issue
4 this ROR?

5 A. No.

6 Q. Would someone else have bypassed you as Tom's
7 immediate supervisor and told him to issue the ROR?

8 A. Well, I mean, he could have -- he -- as a
9 unit -- or a nurse manager, you can get directives
10 from the associate director, the director, the HA.

11 Q. But it would have had to have been somebody
12 from administration to issue the ROR, right, because
13 it's an administrative directive, right?

14 A. Well, I mean, didn't it say in the previous
15 note that the directive was issued by Brian Dawson,
16 the HA?

17 Q. It just -- well, the original note said Brian
18 Dawson, then it says phone use per administration.
19 So are you saying that Brian Dawson would have gone
20 and told Tom Comford to issue this ROR? Is that what
21 you're saying?

22 A. I'm saying he could have.

23 Q. So it could have been -- it could have been
24 the hospital administrator. Who else could it have

1 been?

2 A. The chief of security if -- you know, again,
3 if ISP is saying there's, you know -- I don't know.
4 I -- you know what, now I'm just speculating, so I'm
5 going to actually -- I have a -- I don't know. I'm
6 going to say that it was probably Brian Dawson based
7 on the note that was indicated earlier.

8 Q. Right. I understand. And that's a factual
9 question about whether you spoke to somebody and have
10 direct knowledge.

11 I'm just asking procedure-wise. If
12 administration is issuing an ROR, it would have had
13 to have been Brian as hospital administrator and then
14 Chief Epperson as chief of security --

15 A. FTP director.

16 Q. FTP director it could have been. Could it
17 have been Diana Hogan, who was the director of
18 nursing at that time?

19 A. Could have been.

20 Q. And it could have been you, too? You were
21 the associate director of nursing. You had the
22 authority to do that, right?

23 A. Yeah, but it -- it didn't come from me in
24 this instance.

1 Q. So down a little further in the chart, now
2 there's a -- this is page 14512. Do you see this?
3 This is a typewritten note. It looks like by Robert
4 Lee, social worker II, correct?

5 A. Yes. I'm sorry. Something -- when seeing
6 Robert Lee's name, it just reminded me of something.
7 The nurse manager also could have been Danette
8 Jungles (phonetic).

9 Q. Oh, okay.

10 A. She was there for a time.

11 Q. Okay. So it could have been Tom or Janet
12 that was --

13 A. Danette. D-a-n.

14 Q. Okay. It could have been Tom or Danette that
15 issued the order to the social worker, correct?

16 A. Correct.

17 Q. But that doesn't change your answers about an
18 administrative order, correct?

19 A. No, no, no. It just...

20 Q. Okay. Okay. So in -- it looks like in the
21 last two lines -- I'm going to try to move my mouse
22 to show you this. Beginning here on 7-3 -- can you
23 see that section of this note?

24 A. Yeah.

1 Q. It says, "On 7-3-2017, his social worker was
2 advised by nursing and security to extend his ROR.
3 He was asked if he wanted a copy sent to anyone
4 (including guardian advocate), and he replied 'no.'
5 He was provided a copy, and the original was filed in
6 the chart."

7 This is nicer because it's
8 typewritten.

9 A. Yeah.

10 Q. You agree that's what it says, right?

11 A. Yes.

12 Q. Okay. So this is another instance where
13 Robert Lee now was advised by nursing, and this is
14 now Monday, July the 3rd.

15 Do you recall if you were part of the
16 decision to extend the ROR on July 3rd as part of
17 nursing?

18 A. No, I wasn't.

19 Q. Did you ever talk to Diana Hogan about this
20 ROR as your boss?

21 A. Not that I recall, no.

22 Q. So can you explain why Ben received these
23 RORs?

24 A. No, I can't. I wasn't part of the

1 decision-making.

2 Q. So wasn't the investigation that we're
3 talking about actually an investigation concerning
4 Christy Lenhardt and -- by the State Police and not
5 Ben Hurt?

6 A. Well, I mean, after the fact, having, you
7 know, the knowledge that I have, it would -- the
8 answer would be yes, but at the time I -- I wouldn't
9 have known.

10 Q. I mean, are you aware of whether Christy was
11 ever charged with a crime?

12 A. Well, now I am.

13 Q. Right. And you're aware that she was
14 punished for that, right?

15 A. Yes.

16 Q. And wasn't Ben Hurt the victim of that crime?

17 A. Yes.

18 Q. So if Ben Hurt was the victim of a crime,
19 sexual abuse, why do you think, as part of
20 administration, that Ben's rights would have been
21 restricted, making it appear as if he was the subject
22 of the investigation?

23 A. I can't speak to that. I wasn't part of that
24 decision-making chain.

1 Q. So RORs are imposed at Elgin for violations
2 of some policy by a patient, right?

3 A. Okay. So, I'm sorry, you said RORs are
4 issued based on a policy infraction?

5 MR. CECALA: Can you read back the question?
6 (From the record above, the reporter read the
7 following:

8 "Q So RORs are imposed at Elgin for
9 violations of some policy by a patient,
10 right?")

11 THE WITNESS: Violation of a policy? No,
12 sometimes, for instance, we'll get -- a patient may
13 have a restraining order placed against them or no
14 contact order, so the ROR will be issued and it will
15 be like modified that, you know -- I don't -- I don't
16 know, so -- no. The answer is, no, not necessarily.
17 BY MR. CECALA:

18 Q. Well, the patient will have had to have done
19 something to elicit restricting their rights,
20 correct?

21 A. No. We've had to restrict someone's rights
22 to visitation based on them being contagious of an
23 illness.

24 Q. Who's them?

1 A. We've -- if a patient has a contagious
2 illness and we're not allowing them to leave the unit
3 due to quarantine, we still issue the restriction of
4 rights even if they're in agreement because due to
5 their infection or infectious process, we have to
6 restrict the right of visitation. So it's on -- it's
7 not something they've done or violated.

8 Q. Right. So fair enough. A patient gets sick
9 and you have to restrict their rights for their
10 safety, right, and everyone else's safety?

11 A. Correct.

12 Q. But there's usually some explanation like
13 that, where the patient is either doing something,
14 done something, is sick, it's the patient who is
15 causing the need to restrict that individual person,
16 right?

17 A. Not necessarily.

18 Q. So it could be someone else that causes a
19 patient to receive a restriction of rights other than
20 the patient?

21 A. Yeah, if -- if we get a court order.

22 Q. So a court order for what?

23 A. To not allow an individual to contact certain
24 people.

1 Q. Well, you're then restricting the person that
2 is contacting the patient, right?

3 A. No, we restrict the patient from contacting
4 the person.

5 Q. Okay. So there's some possible external
6 influence that could restrict a patient's rights is
7 what you're saying?

8 A. Correct.

9 Q. So a restriction of rights because it's --
10 well, who has the rights?

11 A. Who has the rights?

12 Q. Well, you're restricting rights. Whose
13 rights are you restricting?

14 MS. JOHNSTON: Objection, form.

15 BY MR. CECALA:

16 Q. Do you understand the question?

17 A. Well, the patient -- the person -- the
18 patient is having their rights restricted.

19 Q. Right. So you're asking permission to take
20 away the rights of the patient for some particular
21 reason, right?

22 A. Well, we're not asking permission. We're
23 actually restricting the right.

24 Q. Well -- right. You're -- you're providing

1 the documentation for the reason that a right that a
2 patient has is being restricted, is that correct, in
3 a restriction of rights?

4 A. Correct.

5 Q. So there's some reason for it; perhaps it's
6 another person that wants to see the patient and is
7 not good for the patient, so they're restricted from
8 seeing that person. Is that one instance that you
9 gave?

10 A. I'm sorry. Can you repeat that?

11 Q. Sure. There's some person who might present
12 some harmful effect to the patient and the patient
13 ordinarily has a right to have anyone visit them; but
14 because someone might be harmful, like a court order
15 you gave an example of, you would issue a restriction
16 on the patient's right to see that person for the
17 benefit of the patient, right?

18 A. Correct.

19 Q. So that's a restriction of the patient's
20 rights for the benefit of the patient, right?

21 A. Correct.

22 Q. And if the patient is sick, it's another
23 instance where the patient, through whatever medical
24 issue occurred, might be infectious to themselves or

1 others, so you restrict the patient's rights to
2 protect them and others from the patient spreading a
3 contagious disease; that's another example, right?

4 A. Correct.

5 Q. And there are other examples, perhaps where a
6 patient has done something, where they need to be
7 restricted in some activity, and you take away their
8 right for some particular thing the patient is doing
9 or has done to protect the patient and to properly
10 give treatment to the patient, correct?

11 A. Correct.

12 Q. Can you think of what Ben Hurt was doing on
13 July 3rd -- well, I'm sorry, on June 30th to begin
14 with? What was he doing to impose a near total
15 restriction on his ability to communicate by phone?

16 MS. JOHNSTON: Objection, form.

17 THE WITNESS: I can't speak to that. That
18 would have to be the treatment team.

19 BY MR. CECALA:

20 Q. Well, the administration is the one who
21 issues -- signs off on the -- on restrictions of
22 rights, correct?

23 A. No, no. Anyone -- a nurse, social worker,
24 physician can write a restriction of rights.

1 Q. And the restriction doesn't have to be
2 approved by one of the members of the administration
3 team?

4 A. No.

5 Q. I thought you testified --

6 A. The clinical -- clinical decision.

7 Q. So the clinical team can issue a restriction
8 of rights, correct?

9 A. Correct.

10 Q. But this was an administrative restriction of
11 rights on Ben, wasn't it?

12 A. I was not a participant in this specific ROR,
13 so I can't speak to that.

14 Q. Well, we looked at it in the chart. I didn't
15 ask whether you were a participant or not. This
16 restriction of rights, according to the chart, was
17 issued by administration, correct?

18 A. Brian Dawson.

19 Q. It appears Brian Dawson. It also says that
20 nursing requested the social worker to speak to the
21 patient to issue the restriction of rights, correct?

22 A. Yes, nursing would be nursing on the unit.

23 Q. The point is the restriction of rights was an
24 administrative restriction, correct?

1 A. Per the documentation.

2 Q. Okay. And I'm -- I'm just asking you if
3 you -- if you know. What was Ben Hurt doing that
4 caused him to receive a restriction on his ability to
5 communicate with anyone on June 30th?

6 A. As I stated, I was not there. I do not know.

7 Q. The documents also say in addition to it
8 being an administrative directive, it said earlier
9 that it was due to an ongoing investigation. Do you
10 recall that?

11 A. Yes.

12 Q. So that's the foundation for whoever it was
13 in administration to impose this restriction,
14 correct? The investigation was the reason.

15 A. I don't know.

16 Q. Well, that's what the documents say, though,
17 right?

18 A. That's what the documents say. That's what
19 was charted.

20 Q. Okay.

21 MR. KRETCHMAR: A couple times you've said,
22 well, that's what the documents say. Are you
23 implying that maybe the documents are not correct?

24 THE WITNESS: No. I'm implying that I'm

1 being asked about things that we've already read and
2 stated, that I'm just referencing back to that, yes,
3 we've read that already.

4 BY MR. CECALA:

5 Q. So there -- I mean, you don't have any reason
6 to dispute the truth of what was in the documents is
7 Randy's point.

8 A. No, I don't have any reason to dispute it.

9 (Deposition Exhibit Number 5 was marked for
10 identification.)

11 BY MR. CECALA:

12 Q. Okay. So I'm going to show you Exhibit 5.
13 This is another document. It's a 16-page exhibit
14 given to us by the State Police. It's ISP 090 and it
15 goes sequentially to ISP 105. I don't know if you've
16 ever seen the Department of Internal Investigation
17 reports before.

18 Have you ever seen a document from
19 the State Police like this before?

20 A. Just the previous one you put up as an
21 exhibit.

22 Q. Okay. So that was your -- it's your first
23 foray into looking at police documents, never saw
24 anything like this before?

1 A. No, not that I recall.

2 Q. So these were documents that were given to
3 the State Police as part of this investigation into
4 Christy, where they outline certain policies at
5 Elgin.

6 So -- can you -- do you see this
7 document? It's ISP 92. Have you ever seen this
8 document before?

9 A. Yes.

10 Q. So you're familiar with the policy on patient
11 possession and use of personal computers, printers,
12 and CD-ROM, and CDs?

13 A. I mean, I wouldn't say I'm versed at its
14 content, but I am familiar of -- with the policy.

15 Q. Okay. Well, this one looks like it was
16 issued on June 28, 2002. Do you see where it says
17 that?

18 A. Yeah.

19 Q. And then it was revised September 25th of
20 2006, right?

21 A. Yeah.

22 Q. So this seems to outline in Roman numeral 3
23 the procedures pertaining to letter A, purchasing or
24 obtaining laptops; letter B, use of the laptop; and

1 then letter C is continuous quality improvement; and
2 D, the staff training.

3 This is -- and it's only a two-page
4 policy, correct?

5 A. Correct.

6 Q. And then I'm going to show you what was ISP
7 document No. 94. This is another policy. It's the
8 exact same policy, possession and use of computers,
9 modems and other electronic equipment. Do you see
10 that?

11 A. Yeah, but -- I'm sorry. Can you scroll back
12 up to the previous policy?

13 Q. Sure. Same title anyway.

14 A. I know, but I want to look. Yeah, these are
15 different manuals.

16 Q. It's a different manual at Elgin?

17 A. Yeah, the first -- the first one comes from
18 the EMHC manual and then the second one is specific
19 to forensics.

20 Q. Okay. So this is a refinement policy of the
21 general policy at EMHC, the second one, on page 94?

22 A. Well, it's not a refinement. It's two
23 different manuals. The EMHC policy is over -- it's
24 an umbrella policy over the whole hospital, both

1 programs, civil and forensic, and then this is out of
2 the FTP manual.

3 Q. Right. So this is in the forensic treatment
4 program manual?

5 A. Correct.

6 Q. Further, perhaps, specifications as they
7 apply to forensics of what the umbrella policy is for
8 all of Elgin, right?

9 A. Correct.

10 Q. So this policy, possession and use of
11 computers, modems and other electronic equipment, was
12 issued on April 15, 1989, correct?

13 A. Correct.

14 Q. And then it was revised July 11, 2017?

15 A. Correct.

16 Q. So in this policy there are some very -- if
17 you look at Roman numeral 3, item No. 4, so it says,
18 "Patients with computers or related equipment will
19 not be permitted to store any information in the
20 memory bank directly related to other patients or
21 staff," right?

22 A. Correct. Sorry.

23 Q. And then in item No. 6 it says, inappropriate
24 use of computers or related equipment will result in

1 the confiscation -- in their confiscation.
2 Confiscated equipment will be placed in the personal
3 property department or sent home for safe keeping
4 until discharge of the patient from the facility,
5 correct?

6 A. Uh-huh, yes.

7 Q. And it looks like this was -- and it refers
8 back -- both of these policies, this one refers back
9 here in Item 3, No. 2, letter B, to DHS policy 109,
10 which is the Illinois Administrative Code for DHS.
11 And as does -- I can show you the other one. It says
12 the same reference to the Administrative Code
13 regarding personal computers.

14 We'll get to that in a minute. I'll
15 actually show you the code. But, suffice it to say,
16 that's what it says, right?

17 A. Yeah.

18 Q. Now, forensics reissued a policy in 2017 that
19 was nearly 18 years old in this new policy, right? I
20 can show you the top again. It says that it was --

21 A. No, I know. I know the dates, but I'm just
22 thinking about my -- my policy manual, the nursing
23 manual.

24 Q. I'm not asking you about the nursing manual.

1 I'm asking you about this one.

2 A. I'm responding to how we revise and review
3 policies. So we'll -- we'll indicate on our table of
4 contents if a policy has been reviewed because we
5 review them every three years, so --

6 Q. Well, this one was revised and reviewed on
7 July 11, 2017. Is there any reason to doubt that?

8 A. For me, yes.

9 Q. So you don't think this was revised on July
10 11th and reviewed on July 11, 2017?

11 A. No, I think -- I think it was. I'm -- my
12 point in saying is that there was probably reviews
13 throughout -- from '89 to '17, which may not be
14 reflected on this document. So sometimes on the
15 table of contents it will say review date, and we
16 just sign off if there -- so that's what I'm saying.

17 Q. I see. So there may have been other
18 revisions and reviews of this policy between July
19 of --

20 A. '89, when it was issued, and 2017.

21 Q. Oh, okay. Fair enough. But it was -- I
22 mean, that doesn't much matter to me right now. I
23 just want to make sure that you're in agreement that
24 on July 11th it was revised and reviewed, correct?

1 A. Correct.

2 Q. Now, it -- it gives a policy on inappropriate
3 use of computers, item No. 6, correct? Sorry.

4 A. Yes.

5 Q. So the term "inappropriate use" -- the policy
6 refers to Section 109. This is the Administrative
7 Code. This was also given by Elgin to the State
8 Police. And this is the section. It says
9 definitions, 109.1. And we're looking now at page
10 ISP 97. It gives the definition of inappropriate
11 use.

12 Can you read the definition of
13 inappropriate use in the code?

14 A. "'Inappropriate use' means the use of a
15 computer in violation of this part or facility policy
16 or to harass or otherwise harm another person.
17 Unless instructed otherwise by the court, it does not
18 include using the computer to prepare for litigation
19 to seek relief or against the Department."

20 Q. So what is your understanding of using the
21 computer to prepare for litigation or to seek relief
22 or against the Department? Do you understand what
23 that means?

24 A. Does not include using the computer to

1 prepare -- so to assist in their defense if they're
2 going through a legal proceeding. Seek relief or
3 against the Department? I assume or -- or filing
4 some sort of lawsuit against the Department.

5 Q. Could it -- could it also include that if a
6 patient had evidence on his computer that was against
7 the Department, that that's not computer information
8 that would fall under the term inappropriate use?

9 MS. JOHNSTON: Objection, form.

10 THE WITNESS: Yeah, I'm sorry. I have no
11 idea what the question was.

12 BY MR. CECALA:

13 Q. So the term here says inappropriate use and
14 it includes what is not appropriate, right? Then it
15 creates an exception, unless; is that correct? So
16 we're talking about an exception to inappropriate use
17 in the plain language of the statute, right? These
18 are exceptions to what's inappropriate use?

19 A. Correct.

20 Q. And one of the exceptions is using the
21 computer to prepare for litigation, which you
22 answered was maybe they're defending themselves in
23 their criminal case or they have a lawsuit of some
24 kind and they're using it to prepare for litigation,

1 that's not an inappropriate use under the law. Is
2 that what -- how you understand the plain language of
3 these words?

4 A. Does not include -- correct.

5 Q. Now, seek relief, I agree with you, a little
6 vague. I don't know what they might be looking for
7 relief from, but usually relief is an illegal term,
8 and I'll leave that alone, as I'm not looking for
9 your legal opinion on what the term relief means.
10 But it does say or against the Department. Meaning,
11 they can use the computer to keep information that
12 would be against the DHS interests; isn't that
13 correct?

14 MS. JOHNSTON: Objection, form.

15 THE WITNESS: Yeah, I can't -- I can't
16 respond to that. Use of the computer -- yeah, it
17 doesn't say flash drives or storage. It says use of
18 the computer, which I interpret as writing documents.

19 BY MR. CECALA:

20 Q. So once they write the document, they have to
21 delete it. Is that what you're implying?

22 A. I'm not implying anything. I said I -- I
23 interpret that to mean helping prepare documents,
24 writing documents.

1 Q. And that's all it means to you, that they use
2 a computer to write a document?

3 MS. JOHNSTON: Objection, form.

4 MR. CECALA: It's her answer, Mary.

5 MS. JOHNSTON: She can answer.

6 BY MR. CECALA:

7 Q. I'll withdraw the question. When someone's
8 using a computer, is it a normal regular practice to
9 save the information that they create on the
10 computer?

11 A. Yes.

12 Q. So use of a computer also may include keeping
13 the information you create on the computer, correct?

14 A. If -- not unless the person being recorded is
15 aware they're being recorded.

16 Q. I didn't ask you about a recording. I asked
17 you about appropriate uses of a computer. You store
18 information on a computer. That's a use of a
19 computer, correct?

20 A. Yes.

21 Q. And here they're saying use of a computer is
22 inappropriate, unless the computer is used to prepare
23 for litigation -- and we've talked about that one --
24 or against the Department. Meaning, they can use the

1 computer against the Department's interests, correct?

2 A. Against the Department's interests? I don't
3 know.

4 Q. Well, what does it say?

5 A. I don't know if that's what it means.

6 Q. What does it mean to you?

7 A. It means that they can use the computer to
8 prepare documents.

9 Q. In relation to the Department, what does it
10 mean to you?

11 A. That they can use the computer to prepare
12 documents.

13 Q. And we already fenced about this. I'm not
14 trying to fence with you. They can store documents,
15 that's part of a use of a computer as well. I'm not
16 asking about that. I'm asking about what do the
17 words against the Department mean to you?

18 A. Against the Department. Anti the Department.

19 Q. Right. So something that is not helpful to
20 the Department, right? It's the opposite of helpful,
21 isn't it?

22 A. It's not pro the Department.

23 Q. Okay. Good. It wasn't a gotcha question.
24 It just -- that's -- that's what the plain language

1 of the statute says, right? Is that right?

2 A. That's -- that's -- you're saying that's what
3 it says, so...

4 Q. Well, I'm not saying what it says. You can
5 look at the document. I'm not -- I'm not making it
6 up. Is that what it says or not?

7 A. We've already read what it says.

8 Q. So --

9 A. I'm not going to keep repeating it. I've
10 said what it says.

11 Q. Okay. There seems to be some, I don't know,
12 disagreement as it's untruthful or that it doesn't
13 actually say that. That's the only reason I keep
14 bringing it up.

15 A. It says against the Department.

16 Q. Okay. So this is a continuation of the
17 Illinois Administrative Code. It goes down -- I'll
18 show you the citation. So this is another section,
19 109.3, where it talks about procedures, and then
20 there's letter A, General Provisions. They're
21 talking about individual use of computers in this
22 section, B. So under B(4), Section B(4), this is
23 discussing -- it says, "If an individual at a mental
24 health facility uses a computer, any peripheral,

1 power cord and/or other associated part in an attack
2 or assault on another individual, employee or
3 visitor, the computer and all accompanying devices
4 and equipment shall be confiscated and placed in
5 personal property storage." Is that what that says?

6 A. Yes.

7 Q. And then it goes on to say, "The 'Notice
8 Regarding Restriction of Rights of Individuals',
9 Form IL 462-2004M, will be completed according to
10 facility procedure."

11 So is that the common restriction of
12 rights forms that you -- are you familiar with
13 restriction of rights forms?

14 A. Yes.

15 Q. And that's the common nomenclature for what a
16 restriction of rights is?

17 A. Yes.

18 Q. And then it says, "If an individual at a
19 developmental disabilities facility uses a computer
20 related item to harm or attempt to harm another
21 person, the computer will be removed" until the
22 individual -- "from the individual until the
23 interdisciplinary team meets (within 3 working days)
24 to determine the programmatic action warranted."

1 Then another reference to the Notice
2 Regarding Restriction of Rights of an Individual,
3 same form number, and the "SODC Operations
4 'Supplemental Report On the Use of Restraints and/or
5 Emergency Behavior Intervention Procedures' are to be
6 completed if an individual's computer is restricted
7 and the forms processed in accordance with the
8 developmental disabilities facility's procedures for
9 processing documents," correct? That's what it says?

10 A. Yep.

11 Q. Now, the second part is developmental
12 disabilities facility's; that's not what -- that's
13 inapplicable to Elgin right here, correct?

14 A. Correct.

15 Q. So this is providing guidance from the
16 statute on imposing a restriction of rights by a
17 facility over confiscation of a -- of a computer,
18 correct?

19 A. Yes.

20 Q. And it's outlining that the computer must be
21 used in an attack or assault on another individual
22 employee or visitor, that's when it would be
23 confiscated, correct?

24 A. Correct.

1 (Deposition Exhibit Number 6 was marked for
2 identification.)

3 BY MR. CECALA:

4 Q. Now I'm putting on the screen what has been
5 Bates stamped by DHS as document 16246 sequentially
6 through document 16257.

7 These are the documents which are the
8 total of restriction of rights that were imposed on
9 Ben Hurt during his entire stay at Elgin.

10 Do you see this document?

11 A. Yes.

12 Q. Have you ever prepared a document like this?

13 A. Yes.

14 Q. And have you reviewed documents like this?

15 A. Yes.

16 Q. And as part of your responsibilities in
17 administration, did you ever give approval for
18 restrictions of rights from other people who prepared
19 these documents?

20 A. No.

21 Q. So you've never authorized a restriction of
22 rights as an associate director of nursing?

23 A. No.

24 Q. And you've never authorized a restriction of

1 rights as director of nursing in your -- when you
2 were TA'd there?

3 A. No.

4 Q. But you have prepared them?

5 A. Yeah.

6 Q. So you're very familiar with the documents?

7 A. Uh-huh.

8 Q. You have to answer yes or no for the court
9 reporter.

10 A. Yes.

11 Q. So this -- can you -- can you read it? I
12 made it a little smaller. Can you still read it?

13 A. Yes.

14 Q. So on page 16246, this indicates a
15 restriction of rights to Ben Hurt. It looks like it
16 was issued on August 22, 2015 at 14:50. Do you see
17 that?

18 A. Uh-huh, yes. Sorry.

19 Q. And that's what the document is indicating in
20 box 1, where it says -- maybe you can read it --
21 patient was exhibiting to the -- what does it say
22 there?

23 A. "Patient was exhibiting agitated behavior,
24 yelling and cursing at a peer and staff. Staff was

1 unable to verbally prompt patient to calm down.

2 Patient took PRN medication by mouth with security
3 present."

4 Q. Okay. And then it's signed by the RN, right?

5 A. Yes.

6 Q. Okay. So this is a restriction that came
7 from nursing, correct?

8 A. It came from that nurse.

9 Q. Well, does she work in the nursing
10 department?

11 A. Yes.

12 Q. Okay. And we talked about this earlier. Did
13 she on her own accord issue this ROR or did she have
14 to get approval from someone?

15 A. She issued it on her own accord.

16 Q. I mean -- and my last question. Because it
17 doesn't say otherwise, right? It just -- she's the
18 only one on that document, right?

19 A. The only one signing, yes.

20 Q. And it doesn't even reference anyone else,
21 right?

22 A. No. Sorry. But in those instances -- I
23 mean, if there's medication being issued, there's a
24 physician collaborating with the RN. The RN

1 generally does the paperwork, but the doctor is
2 present and says, you know, issue this.

3 Q. So the doctor would have instructed her to
4 issue this -- this restriction of rights, or are you
5 saying the doctor would have been the one to give the
6 PRN?

7 A. The doctor would have given the PRN
8 medication order, but just from looking at what the
9 content of this document indicates, we -- our
10 practice is that -- you know, for instance, if -- if
11 Ben in this situation was, you know, escalating,
12 getting upset and they called security for a
13 walk-through, which is just our process to have
14 security walk on the unit, we immediately take that
15 as -- it could be perceived as coercion by the
16 patient; so even if he willingly, which it says he --
17 he took it by mouth, that means he had to put it in
18 his mouth, we don't put it in his mouth for him.
19 Even though he willingly took it, just with the
20 presence of security, we do a ROR because that can be
21 perceived as coercive, to have a security officer
22 standing near you.

23 Q. Sure. So this -- but that's after the fact.
24 The restriction of rights is something that the RN,

1 in this case, would have been the primary person.
2 She didn't need the doctor to instruct her to give a
3 ROR? Or maybe I'm wrong.

4 Was the ROR given so as to provide
5 noncoercive medication to the patient? Is that the
6 purpose of this one?

7 A. No. I'm saying we would issue -- it's -- the
8 fact that the security officer is standing there,
9 we -- we, being our facility, still says that -- that
10 that in and of itself could be perceived as coercion
11 by the patient. So they really aren't -- we still
12 say that even security standing there, even if the
13 patient takes it by mouth willingly, it's still a
14 restriction of their rights because you have this
15 authority figure standing, you know, in your
16 presence.

17 Q. Okay. And what would be the reason that she
18 wrote down patient was exhibiting agitated behavior,
19 yelling and cursing at peer and staff? Why did she
20 write that?

21 MS. JOHNSTON: Objection, form.

22 MR. CECALA: I'll withdraw it.

23 BY MR. CECALA:

24 Q. So is there -- it says "Patient was

1 exhibiting agitated behavior, yelling and cursing at
2 a peer" in the box that says Reasons for the
3 Identified Restrictions.

4 Is it your understanding that the
5 reason for the restriction was this patient's kind of
6 psychotic behavior?

7 A. Well, it doesn't say psychotic behavior. It
8 just --

9 Q. Okay. Agitated behavior?

10 A. Yes.

11 Q. I mean, he's yelling and cursing at staff.
12 He's -- he's behaving badly, right?

13 A. It's not nice.

14 Q. No. The question is it's bad behavior for
15 which a security guard had to be called and he just
16 wouldn't calm down when he was told to calm down, so
17 they had to give him medication by mouth in the
18 security's presence? So on the safe side, it was a
19 restriction of rights because security had to be
20 there when he got his medications; he wouldn't do it
21 because the nurse asked him, right?

22 A. Yes.

23 Q. So then there's another restriction of rights
24 here that was issued to Ben Hurt. It looks like the

1 date isn't at the top and box 1 is not filled out
2 because this is not physical hold. It's an other
3 restriction, right, part 2?

4 A. Correct.

5 Q. So this one was issued on August 29, 2015 at
6 13:30 and it was till 14:30, correct?

7 A. Correct.

8 Q. And then could you read the reasons for that
9 restriction in this one?

10 A. Could you -- oh, no, no, I can see it now.
11 "Patient is on frequent observation for increased
12 psychosis and unpredictable behavior. He is
13 undergoing medication change."

14 Q. Right. So looking at the document, not
15 exactly like the previous one, but there's some
16 reason the patient is behaving in some way that
17 causes and gives a reason to restrict his rights,
18 correct?

19 A. Well, just being the frequent observation --
20 yes.

21 Q. Okay. Thank you. And then this is another
22 one that was signed on August 29th. It says RN, so
23 this is another nursing restriction of rights,
24 correct?

1 A. Yes.

2 Q. Could have been on the nurse's own
3 origination or do you think this is one -- and how
4 could we tell the difference -- whether someone told
5 her to issue this restriction of rights?

6 A. Well, this is just part of our procedure.
7 The patient's on frequent observation for a
8 behavioral issue, so they aren't allowed to leave the
9 unit.

10 Q. I know. That's not my -- that's not my
11 question. My question is the authority to issue
12 this -- obviously the nurse signs it. Did someone
13 instruct her to issue the restriction of rights or
14 did she do that by herself?

15 A. I don't know. I wasn't there. I would
16 assume -- I can't -- actually, I can't assume. I
17 don't know if someone told her.

18 Q. Yeah, you wouldn't be able to know from this
19 document, right? It doesn't say --

20 A. No.

21 Q. So this is another restriction of rights to
22 Ben. In part 2, Other Restrictions, June 30th at
23 1:15 p.m., and it lasts until July 3rd at 16:00.
24 We've talked about this restriction of rights. Could

1 you read what it says under reasons for the
2 restriction?

3 A. "Patient is under investigation
4 (administrative directive)."

5 Q. And it was signed by -- on 6-30 at 3:15 by,
6 it looks like, social worker II, correct?

7 A. I honestly can't -- it looks like it says
8 CADC, which would be a social worker.

9 Q. Well, under the title it looks like SWII.

10 A. Oh, I'm sorry. I was looking at the
11 signature. Yes, social worker II.

12 Q. Good. Now, this one looks like it was not
13 the social worker himself, but he's issuing it; it
14 says dash administrative directive, correct?

15 A. Correct.

16 Q. So this would have been the administration
17 directing the restriction of rights on June 30th, as
18 we talked about earlier, correct?

19 A. Brian Dawson.

20 Q. Well, it doesn't say Brian Dawson, does it?

21 A. It doesn't say administration. It says
22 administrative directive.

23 Q. Right. So this document itself doesn't tell
24 you whether it was Brian Dawson or the FTP director

1 or Chief Epperson. We don't exactly know who in
2 administration gave --

3 A. Or present -- the document doesn't even say
4 per administration. It says administrative
5 directive, which...

6 Q. Okay. Fine. What does that mean to you?

7 A. There's a whole DHS administrative directive
8 catalog, so I -- I don't know what it means.

9 Q. Does it --

10 A. But I'm using the context of the previous
11 note in Ben's chart that said per administration,
12 Brian Dawson.

13 Q. Well, it also said per -- per nursing, too,
14 right?

15 A. What? Per nursing, too?

16 Q. The chart also said that the social worker
17 received the communication from nursing and security.

18 A. Correct.

19 Q. So it did definitely say Brian Dawson in the
20 very first note, correct? Do you recall that?

21 A. Yes.

22 Q. But later it also gives two departments,
23 nursing and security, in the notes somewhere else,
24 correct? Do you recall?

1 A. Yeah.

2 Q. So this one just says administrative. And
3 the hospital administrator, the DON and the ADON and
4 security are all part of administrative, correct --
5 or part of administration?

6 A. I'm not sure if security -- the chief of
7 security is part of administration.

8 Q. Okay. Can the chief of security
9 independently order restrictions of rights?

10 A. Procedurally, no.

11 Q. It has to come from some other either
12 administrator, the hospital administrator, or the
13 treatment team, right?

14 A. Correct.

15 Q. How is the hospital administrator in the
16 context of this different than the chief of security
17 because he's not a part of treatment either, why
18 would he be able to issue RORs?

19 A. Why would he be able to issue RORs? Well, he
20 wouldn't issue the ROR. He would guide the treatment
21 team to issue the ROR.

22 Q. Well, he would order it, right?

23 A. He would guide the treatment team to issue
24 the ROR.

1 Q. What does guide the treatment team mean?

2 A. Guide -- tell them that, you know, they
3 want -- they should look at issuing an ROR based on
4 whatever the circumstance is.

5 Q. So he can't actually direct them to do it,
6 can he?

7 A. Yeah, yeah, I guess he can.

8 Q. So if he gave them an order to issue an ROR,
9 they would have to follow it, right?

10 A. I mean, yeah, or -- I mean, like anything,
11 everyone has a choice. I mean, if an administrative
12 directive per this, you know, wording here, I mean, I
13 don't know if the social worker was contacted, you
14 know, directly or -- or how this came to play. I
15 mean, the social worker could say, no, I'm not doing
16 that, and then, you know, I guess that could be
17 viewed as insubordination, but, I mean, generally you
18 would -- if the hospital administrator calls you and
19 says do something, you know, unless it jeopardizes
20 the safety of somebody, you would just probably do
21 it.

22 Q. Right. So this is a social worker who issued
23 the restriction over the phone pursuant to some
24 administrative directive, correct?

1 A. I'm sorry. Did you say issued it over the
2 phone?

3 Q. Issued -- issued a restriction over Ben using
4 the phone. It says telephone --

5 A. Oh, yeah, yes.

6 Q. And at -- at -- pursuant to some
7 administrative directive, correct?

8 A. Yes.

9 Q. Okay. So this is, looks like, the fourth ROR
10 for Ben, same box, part 2, from July 3, 2017 at 16:00
11 to July 22nd, 2017 at 06:00. And could you read --
12 again, restricting his right to use the telephone.
13 Can you read the reason for the ROR?

14 A. "Patient is under investigation (security) -
15 administrative directive."

16 Q. So, again, we went over the administrative
17 directive and what that might mean prior to this, but
18 here it puts parentheses security, right?

19 A. Yeah.

20 Q. What in your view does that mean?

21 A. Well, the way it's written, it looks like
22 it's a security investigation.

23 Q. Right. So were you part of the
24 administration that created this ROR from July 3rd to

1 July 22nd?

2 A. No.

3 Q. And it also indicates that patient is under
4 investigation, correct?

5 A. Correct.

6 Q. It doesn't say that the social worker or
7 someone else is under investigation. It seems to
8 imply that he did something for which he's being
9 investigated, correct?

10 A. Correct.

11 Q. Now, this is another social worker II, again,
12 where the -- this is not something that would appear
13 to be the social worker taking it upon himself to
14 issue this ROR, correct?

15 A. No.

16 Q. Now, here's another ROR -- I'm not going
17 through all the Bates stamps on these for the record,
18 but we're now up to page 16254, and this is a Ben
19 Hurt restriction of rights, that part 2, Other
20 Restrictions, from July 11, 2017 12:00 to July 22nd,
21 correct?

22 A. Correct.

23 Q. And here it says, "Reasons: Confiscated and
24 held by security: Four flash drives, one journal,

1 one iPod (as appeared) Nano, blue in color," correct?

2 A. Correct.

3 Q. And then at the bottom it's signed by a
4 social worker. It says social work -- under title it
5 says -- correct me if I'm wrong -- social worker
6 directed to issue ROR for property on July 11, 2017,
7 correct?

8 A. Yes.

9 Q. Now, I don't know if you recall, but we did
10 read the June 30th report issued by Chief Epperson,
11 where they recovered these flash drives, his journal,
12 and his iPod on June 30th, correct?

13 A. Correct.

14 Q. Yet, this restriction of rights indicates
15 that they confiscated his property on July 11th,
16 right?

17 A. No, it doesn't indicate that that's when it
18 was confiscated.

19 Q. Right, it doesn't. It says to retain
20 personal property, right?

21 A. Correct.

22 Q. Because it had already been confiscated on
23 June 30th, correct?

24 A. I -- sorry. I don't recall. In the security

1 report did it say they -- they kept it? I assume
2 they did, so I would assume that they -- they
3 retained it.

4 Q. Right. It's a fair assumption they didn't
5 get an audio recording of Ben having sex with Christy
6 and then give it back to him, right?

7 A. Correct.

8 Q. So this one doesn't actually say who directed
9 the social worker to issue the ROR, does it?

10 A. No.

11 Q. Was nursing part of this ROR on July 11th, to
12 retain the confiscated property that Ben had taken
13 from him?

14 A. I -- I can't -- what do you mean part of it?

15 Q. Well, you were the associate director of
16 nursing. Do you have any knowledge that your duties
17 as administrator or Diana Hogan's duties as
18 administrator were part of the direction to issue
19 this ROR on July 11th?

20 A. Oh, no. Just to clarify. When you say
21 nursing, it -- it -- we're a very large department,
22 so on the unit when you say nursing, it means RNs and
23 STAs.

24 Q. Okay. Well, RNs and STAs directly report to

1 the associate director of nursing through the nurse
2 manager, correct?

3 A. Correct.

4 Q. So when I say nursing, I mean, the chain of
5 command of nursing at administration, meaning you and
6 Diana.

7 A. Okay.

8 Q. Fair enough?

9 A. So clarify. Going forward, when you say
10 nursing, you mean me and Diana?

11 Q. Yeah, I'll do that for you.

12 A. Okay.

13 MS. JOHNSTON: And any time you're unsure,
14 Colleen, just go ahead and ask, so you know what
15 we're talking about. Right, Joe?

16 MR. CECALA: Yeah. I have no -- you know,
17 we're just trying to -- it's a discovery deposition.
18 We're trying to discover, so your clarifications are
19 important.

20 BY MR. CECALA:

21 Q. So there's another ROR on the same day, which
22 is Bates 16256. This is on July 11th, again, at
23 13:00, a little bit later in the day, and it appears
24 to add in part 2 another iPod Shuffle, green in

1 color, as appeared, added to ROR at 15:00 is the last
2 line. It's the same one, but just added a line here,
3 correct?

4 A. Yeah, it appears that way. I don't know what
5 as appeared means.

6 Q. Yeah, I'm not -- I'm not sure what that means
7 either because it says it after blue in color and
8 then green in color. So I'm -- I'm assuming it means
9 it appeared blue in color and it appeared green in
10 color, but it could be something other than that. I
11 don't think it's an important distinction.

12 A. Okay.

13 Q. But that's what it does say, correct?

14 A. Yes.

15 Q. And then it provides the exact same title,
16 social worker directed to issue ROR for property on
17 July 11, 2017, correct?

18 A. Yes.

19 Q. And, again, it fails to indicate who was the
20 person who directed him to issue the ROR, correct?

21 A. Yes.

22 Q. Can you explain why the social worker would
23 have failed to indicate who told him to issue the
24 ROR?

1 A. No.

2 Q. And there's also no explanation in either of
3 these for why his property was confiscated, is there?

4 A. Reason, no.

5 Q. Can you explain why there would be no reason
6 in the ROR to explain why his property was
7 confiscated?

8 A. No.

9 Q. If you recall, there was a new policy issued
10 on confiscation of computer materials on -- issued on
11 July 11, 2017. Do you recall seeing that policy
12 issued and reviewed on July 11, 2017?

13 A. Yes.

14 Q. Did you review that policy when it was
15 issued?

16 A. I -- I may have. The process changed several
17 times because we had a turnover of FTP directors, so
18 at one point it was just kind of unilateral, the FTP
19 director was just reviewing them, and then it was
20 we'd do it as a group, and then sometimes they would
21 just finalize and then present it so that we were all
22 notified of the policy. So in some way or another,
23 I'm sure I saw it, but I don't recall at what point I
24 saw the policy.

1 Q. Can you explain why on June 30th, when all of
2 this property was taken from Ben, there wasn't a
3 restriction of rights to confiscate his computer
4 equipment issued on that day?

5 A. I -- no, I can't.

6 Q. Are you aware of whether the confiscation of
7 his property on that day was a violation of policy,
8 causing the need to provide a new policy on July 11th
9 so that they could grandfather in having seized the
10 property 11 days earlier?

11 A. I'm sorry. What am I answering to?

12 Q. Well -- I'll -- fine. I'll give you the
13 question again. So on June 30, 2017, all this
14 property was taken from Ben, correct?

15 A. Correct.

16 Q. And then on July 11th, the policy concerning
17 inappropriate use of computers was reissued, correct?

18 A. Correct.

19 Q. And as part of that, the right to confiscate
20 a computer and flash drives or things stored on
21 computers, as we went through in the statute, was
22 created anew on July 11, 2017 in that policy, right?

23 A. I don't want to say yes to that just because
24 I'd have to see the previous version of the policy,

1 so I don't know what the revisions were.

2 Q. Okay. So you were -- during this window,
3 July 11th, you were still part of the administrative
4 team at Elgin, right?

5 A. 2017? Yes, associate director of nursing.

6 Q. So did you or any member of the
7 administrative team express any concerns that the
8 recorded files in Ben's possession might leak out,
9 exposing the sexual abuse of Ben by Christy?

10 A. No. Leak out?

11 Q. Be put all over social media perhaps.

12 A. No.

13 Q. Did anyone ever express concern to you that
14 this abuse instance could be talked about widely in
15 the public at that time?

16 A. And that's what I mean, I -- I don't recall
17 what conversations occurred after the -- the news
18 story and -- you know, because then a lot of staff
19 were discussing it.

20 Q. Well, by the time of the news story, it was
21 all over the news, so no one was actually concerned
22 at that point because it was out there, right?

23 A. Concerned about the flash drives?

24 Q. Concerned about whether the recorded facts

1 and evidence of Christy performing oral sex on Ben
2 could be somehow given to the general public so that
3 it would be revealed what was on those recordings.
4 Was the --

5 MS. JOHNSTON: Objection, form. Sorry, Joe.

6 MR. CECALA: No, I understand.

7 BY MR. CECALA:

8 Q. Was the administration concerned on July 11,
9 2017 that the information on the seized and
10 confiscated property could be leaked out of the hands
11 of Elgin Mental Health Center?

12 A. I can't speak for administration. I can
13 speak for myself, that I didn't know what was on the
14 flash drives; so for myself, I had no concern about
15 anything getting -- getting out or leaked.

16 Q. Well, you knew they -- you knew the flash
17 drives existed, right?

18 A. Yeah.

19 Q. Did anyone ever tell you that they were
20 concerned about the contents of the flash drives
21 being widely distributed anywhere?

22 A. I don't know. I -- I don't recall any
23 conversations regarding distribution of the contents
24 of the flash drives.

1 Q. Were you ever told not to talk about the
2 investigation of the Christy/Ben incident by anyone?

3 A. Yes.

4 Q. Who told you that?

5 A. I don't recall. I don't know if it was ISP.

6 Q. Was it anyone employed by Elgin?

7 A. I don't recall specifically, but just as a
8 matter of procedure, if we have an open investigation
9 on -- on anything, like even an OIG, you know, we're
10 not supposed to discuss it until the conclusion of
11 the investigation.

12 Q. Right, but that's not my question. My
13 question was did anyone ever tell you not to discuss
14 it?

15 A. Anyone from administration, I don't recall
16 specifically.

17 Q. Anyone other than administration?

18 A. Again, I -- I don't recall if -- if it was
19 ISP or...

20 Q. Did you ever tell anyone not to talk about
21 it?

22 A. Probably.

23 Q. Who did you tell?

24 A. I don't recall specifically, but, again, you

1 know, as staff started kind of stirring the pot on
2 this situation and -- and kind of -- you know, the
3 rumors start going around and -- and I -- I would
4 imagine I spoke to the nurse manager group that they
5 shouldn't be engaging in -- in conversations about
6 this situation.

7 Q. So who would that have been?

8 A. The nurse managers.

9 Q. And who are they?

10 A. Oh, God. 2017? Again, it was -- I don't
11 know if Danette Jungles was still over there, but Jay
12 Cower (phonetic), Jeff Palarrio (phonetic), Lori
13 Campbell, Jenna Weber.

14 Q. What did you say to them?

15 A. I don't -- I have no idea specifically what I
16 said, but I just -- knowing -- I would have told them
17 not to engage in conversations about this situation
18 with the staff.

19 Q. So what situation would you have been
20 referring to when you said that?

21 A. Christy Lenhardt.

22 Q. And so were you more precise than that or was
23 it just --

24 A. I don't know. I don't recall.

1 Q. Okay. You have to let me finish my
2 questions. I know you're -- I know you're frustrated
3 trying to remember, but we want to keep a nice
4 record.

5 So you weren't more specific than
6 just generally saying don't talk about Christy
7 Lenhardt?

8 A. I don't recall.

9 Q. Do you think that the computer recordings
10 that were confiscated were kept to prevent anyone
11 from finding out what was on them?

12 A. No.

13 Q. Why?

14 A. Why?

15 Q. Do you believe that.

16 A. Because I -- you really want a statement on
17 why I believe we weren't trying to withhold
18 information from the law?

19 Q. I didn't ask you about the law. I'm
20 asking -- the question is do you think the recordings
21 were kept to prevent anyone from finding out what was
22 on them?

23 A. No.

24 Q. Now, you know now that Ben was being sexually

1 abused and there's an audio recorded evidence of that
2 sexual abuse, correct?

3 A. Yes.

4 Q. Do you think that that was important for his
5 treatment team to know?

6 A. At that -- at that time?

7 Q. Well, it was evidence of Ben being sexually
8 abused on an audio recording, which is evidence of a
9 crime, and it was given to the State Police because
10 the social worker was going to be charged with
11 sexually abusing him.

12 Do you think at that time it was
13 important for Ben's treatment team to know that he
14 was being sexually abused by Christy Lenhardt?

15 A. No, not until the facts of the situation were
16 determined. And the reason I say that is because
17 Christy was removed from the unit, so he wasn't being
18 exposed to the alleged abuser any longer. And it's
19 the same situation as when we have an OIG allegation,
20 we remove the person that the -- the allegation is
21 against until OIG completes their investigation and
22 then when we know, you know, what the actual facts
23 were or are, then we proceed with the -- with the
24 follow-up because how were we to know who was on

1 that -- whoever listened to it, how do they know who
2 they were on the audio?

3 Q. So --

4 A. I can make a recording and say, hi, I'm
5 Christy Lenhardt.

6 Q. So have you ever heard the audio recording?

7 A. No, nor do I want to.

8 MR. KRETCHMAR: You might.

9 THE WITNESS: I'd prefer not to.

10 MR. CECALA: Give me a second.

11 (Pause.)

12 BY MR. CECALA:

13 Q. Remarkably, Randy will spare you the audio
14 recording because I'm willing to play it.

15 A. I'd appreciate not to. You know...

16 MR. KRETCHMAR: My only -- my only
17 suggestion, Colleen, is that someday soon you may
18 have to hear it, not only one, but two; and you may
19 have to see a bunch of pictures that Christy sent to
20 Ben as well.

21 MS. JOHNSTON: Can we move on?

22 MR. CECALA: It's part of the examination.
23 We're in the examination area, which is this.

24

1 BY MR. CECALA:

2 Q. You said you wouldn't want to hear the audio
3 recording. Why?

4 A. And, you know, I think I need to seek my
5 counsel's advice on this. I mean, is this an
6 appropriate venue to share, you know, my personal
7 feelings towards this situation or is this strictly,
8 you know, facts?

9 MR. CECALA: I think she can answer the
10 question.

11 MS. JOHNSTON: Yeah, you can answer the
12 question. I'll generally object to the relevance of
13 why her personal feelings here matter at this time,
14 but go ahead and you can answer.

15 BY MR. CECALA:

16 Q. I mean, just to clarify the question. I
17 mean, if you want to read back the question, but
18 it's -- I asked her why she doesn't want to hear the
19 audio recording. She can give any reason she wants.
20 It's a valid question.

21 A. Because it's personally very upsetting to me,
22 this whole situation. I think what occurred is a
23 travesty. I find it repulsive, not, you know, the
24 sex act or not two people engaging because -- but

1 because of what -- like I worked closely with Ben. I
2 knew Ben when he was admitted. And I've been very
3 committed to what I do here for 28 years, and it's
4 upsetting to me to know that the actions of one
5 person calls into question everything that we do.
6 And it's just -- yeah.

7 You know, I have my personal feelings
8 about Christy, but it's just upsetting. That's all I
9 can say, is that it's upsetting.

10 Q. Okay. I think you answered the question. We
11 would agree with you.

12 We're back to the question, which is
13 you would rather not confront the audio recording at
14 this time, which is fine.

15 My question is with that evidence,
16 that you would rather not even hear, as you sit here
17 today, do you think it was important for the
18 information about Christy sexually abusing Ben Hurt
19 to be made available to Ben's treatment team so that
20 he could be treated for what had occurred?

21 A. I guess my answer would be if it were clear
22 that the two individuals on the recording were the --
23 were Ben and a treatment team member, then yes. And
24 I'm not privy to the information as to who heard the

1 recordings either. Yeah, so, I guess, if there was
2 clear indications that these were -- this was a staff
3 member and a patient and that, you know, this was an
4 obvious abuse situation, then, yes, it would -- it
5 should have been relayed to the treatment team.

6 Q. Thank you.

7 MS. JOHNSTON: Joe, Randy, when would be an
8 appropriate time? Again, we've been going for about
9 another two hours again.

10 I don't know, Colleen, if you need to
11 like grab a quick bite to eat, anything like that.
12 It is 1:40.

13 THE WITNESS: I do have to take some
14 medication, so if I could have even 15 minutes -- 10,
15 15 minutes.

16 MR. CECALA: Why don't we -- why don't we
17 take 15 minutes? Or you want to resume at 2:00 p.m.?

18 MS. JOHNSTON: Yeah, can we just do 2:00
19 p.m.? Thanks.

20 MR. CECALA: Yeah, just one last time on the
21 record. Just we would ask that -- Colleen, I'm
22 talking to Mary, that she not consult anyone else,
23 other than you, or be in communication during the
24 breaks regarding the deposition.

1 THE WITNESS: Okay.

2 MR. CECALA: Okay.

3 MS. JOHNSTON: Okay. So we'll see you guys
4 at 2:00.

5 MR. CECALA: Okay. Off the record.

6 (A brief recess was had.)

7 MR. CECALA: It's 2:01.

8 MS. JOHNSTON: And, sorry, Joe, real quick,
9 just before we get back into the questioning. I do
10 want to remind you that Colleen does have a hard 5:00
11 p.m. stop time. I don't think it's an issue. I'm
12 just putting it out here.

13 MR. CECALA: Yeah. No, no, we have some
14 more, but I think we're -- we're ahead of schedule.

15 MR. KRETCHMAR: Well within the hard stop.

16 MR. CECALA: And our schedule was to kind of
17 be able to make sure that we make 5:00.

18 MS. JOHNSTON: Cool. Thank you.

19 MR. CECALA: No worries.

20 (Deposition Exhibit Number 7 was marked for
21 identification.)

22 BY MR. CECALA:

23 Q. Okay. So, Colleen, I called up Exhibit 7,
24 which is Bates stamp document 27981, 27982 and 27617.

1 Do you see this document?

2 A. I can, but it's a little small.

3 Q. All right. I'll make it a little bigger for
4 you. No worries. How's that?

5 A. Good.

6 Q. So what do you see here?

7 A. E-mail from Epperson, Bill Epperson, to
8 Dr. Ingram, who was the, I assume, FTP director,
9 interim, at the time.

10 Q. Yeah, I mean, the top is a forward of it from
11 Bill to Diana Hogan, right?

12 A. Oh, yeah, sorry.

13 Q. Yeah, that's okay. It's on June 1, 2017 at
14 8:45 a.m. Do you see that?

15 A. Yes.

16 Q. So Bill was sending it to Diana and there's
17 two attachments there, right?

18 A. Yes.

19 Q. Or, I mean, one attachment. I mean, one is
20 probably like a signature document, but there's
21 definitely an attachment, .doc attachment, right? Do
22 you see that?

23 A. Yes.

24 Q. Okay. So -- and then the message he

1 forwarded is what you were talking about, it's from
2 Bill Epperson to -- to Vicky, and she carbon copies
3 Brian Dawson, you, Ryma Jacobson, Salvatore Verdone,
4 Dr. Malis and Dr. Patel. Do you see that?

5 A. Yes.

6 Q. And the subject is incident on K-Unit. Do
7 you -- do you ever remember seeing this e-mail from
8 Bill?

9 A. I don't specifically recall this, but...

10 Q. Do you want to take a look at it? It's only
11 two -- it's only one sentence or two sentences.

12 A. Yeah, yeah, I read it.

13 Q. So -- just for our records, so the e-mail
14 says, "Dr. Ingram, Here is the report of the incident
15 on K-Unit last night. Very concerned that a SW,"
16 that means social worker, "would ask for assistance
17 from a patient, for an office not on her unit.
18 William Epperson, chief of security."

19 So you did receive the e-mail, right?

20 A. Yes.

21 Q. So when you -- you know, did -- did you read
22 it? Did you -- did you have a chance to look at the
23 e-mail when you got it?

24 A. I -- I can't recall.

1 Q. So -- well, what do you think the words very
2 concerned that a social worker would ask for
3 assistance from a patient -- or, actually, I'll
4 withdraw that question. Let's look at the whole
5 thing, right.

6 So the attachment has got a name,
7 17-9021-R3 5-31-17. Do you see that?

8 A. Yes.

9 Q. Okay. So -- the -- the next page is actually
10 the original e-mail that was sent from Bill to the
11 people we mentioned at 7:58 a.m., right? That's when
12 he sent it?

13 A. Yes.

14 Q. The attachment is the same there. Do you see
15 that?

16 A. Yes.

17 Q. Okay. So then on this Bates stamp, which is
18 document 27617, it's a Security Department Report.
19 It looks a lot like the report we looked at earlier,
20 right?

21 A. Correct.

22 Q. And you're familiar with these reports?
23 You've seen them before, haven't you?

24 A. Yes.

1 Q. So this looks like a report that was prepared
2 by Sergeant Tony Jackson, No. 83?

3 A. Yes.

4 Q. At the bottom there. And it was prepared on
5 May 31st, time of the occurrence says 15:57 to 17:00,
6 and he wrote the report around 19:00. Do you see
7 that?

8 A. Yes.

9 Q. Okay. Do you want a chance to read what the
10 report says?

11 A. Oh, sorry. Yes.

12 Q. Thanks.

13 A. Okay.

14 Q. So are you familiar with this incident?

15 A. Yes.

16 Q. And how did you find out about this incident
17 the first time?

18 A. I -- I'm sorry. I want to look at the time.
19 The time of the report is 19:00. Does this -- oh, it
20 happened at shift change, right? Yeah, 15:30. I
21 believe, if I'm not mistaken, that Chief Epperson was
22 actually in the FTP administration office -- or,
23 excuse me, area where my office is located, and I
24 think he got a radio call about this incident because

1 I believe it says -- yeah, he had -- he went down
2 there to try and -- and open the door.

3 Q. So when you say he had a radio call, how
4 would you have found out about the incident?

5 A. He was -- his radio's here.

6 Q. Yeah.

7 A. (Indicating.) So, you know, the -- his
8 officer probably spoke to him and said, you know, we
9 have a -- there's a staff member locked in an office
10 with a patient.

11 Q. So were you -- were you with Chief Epperson
12 when the call came in?

13 A. I think -- I believe he was -- yeah, I think
14 we -- it was the end of the shift and he was up in
15 the -- in -- by my office area.

16 Q. So where was your office area?

17 A. The FTP administration area.

18 Q. So in the front of -- in front of the
19 building there?

20 A. Yeah.

21 Q. Where the metal detectors are?

22 A. Correct. Well, you go -- you turn left as
23 opposed to going through the...

24 Q. Right, right. To the left?

1 A. Yeah.

2 Q. So --

3 A. That's what I -- that's what I recall because
4 I remember this sort of in realtime.

5 Q. Okay. So did you have a similar radio of any
6 type to receive --

7 A. No.

8 Q. -- radio calls?

9 A. No.

10 Q. Did you ever use a mobile phone as a radio?

11 A. Yeah, we have PTT on our -- on our work
12 cells, push to talk.

13 Q. Okay. So you weren't -- you didn't receive
14 it on your radio; you heard it when Chief Epperson
15 got the call from his staff?

16 A. That's what I'm recollecting, yeah.

17 Q. And if you recall, what -- what did you hear?

18 A. I don't recall specifics. Just -- I just
19 remember that there was a staff member locked in --
20 in the office and then after the fact found out that
21 it was Christy Lenhardt and -- and Ben Hurt.

22 Q. So, you know, as you read this report, there
23 isn't any mention about Christy getting incentives or
24 going to Bob Hamlin's office for incentives for

1 patients in this report, is there?

2 A. No.

3 Q. Did you ever hear anything about that?

4 A. No, it's not ringing a bell.

5 Q. So going back to the e-mail. It's the same
6 e-mail on both pages. I went to the prior page.

7 What do you think there was to be
8 concerned about, as expressed by Chief Epperson here,
9 that a social worker asking for assistance from a
10 patient for an office not in her unit?

11 A. From my point of view in reading the report
12 and finding out after, that there's a -- I mean, you
13 never go into a locked area with a patient for a
14 number of reasons. It's just -- it's just a safety
15 issue, so the --

16 Q. So -- go ahead.

17 A. Sorry. Just that -- that she brought a
18 patient into a room that had a broken lock. I mean,
19 that -- you know, I'm obviously dumber than I look,
20 but I'm completely naive to what -- you know, I just
21 thought, well, that was kind of dumb on her part.
22 Why would she go into a room with a lock -- a broken
23 lock? You know, I just thought of the safety aspect
24 of it.

1 Q. Sure. He added for an office not on her
2 unit. Does that have any special significance to
3 you?

4 A. I -- in the report I see it was Bob Hamlin's
5 office, and he was like the social worker -- like the
6 lead over there, and -- I don't know. I just -- no,
7 I -- and, again, like looking back, now when I read
8 this, you know, knowing what I know after the fact,
9 it looks, you know, like, oh, for an office not on
10 her unit, like why is she going over to another unit?

11 Q. Well, isn't that what it kind of means? Like
12 he's making a statement, but is he sort of implying
13 there's a -- kind of a suspicious question in that?

14 A. Yeah, yeah. Now, like -- yeah.

15 Q. So there was an incident, which is involving
16 Christy, seems a little suspicious, right?

17 A. Yes.

18 Q. Did you ever share any concerns back to Chief
19 Epperson about this incident?

20 A. You know, I know I'm on the record, so I'm
21 trying to watch my -- my mouth, but I probably said
22 what the hell is she thinking? Why is she -- what
23 the hell is she doing, you know, going in a locked
24 room? I -- I can't recall a specific conversation,

1 but that's something I would have said.

2 Q. Right. I mean, did you bring it up to
3 anybody else, like, hey, what the hell is she doing?

4 A. I may have. I really -- I mean, nothing
5 is -- it's not -- like specific conversations aren't
6 standing out about it.

7 Q. Okay. Do you have any independent
8 understanding, other than the report, of reasons why
9 Christy and Ben would have been locked in that office
10 that day?

11 A. You mean at that time? I mean, because we
12 know now why. But at that time are you saying?

13 Q. Yeah. At that time did you have any other
14 independent recollection of like why they would have
15 been locked in the office together?

16 A. No, but I think -- I believe she -- obviously
17 she was her -- his social worker on L, so it didn't
18 strike me as like particularly odd that -- you know,
19 it's -- it's not unusual to have a social worker on
20 the sister module, you know, finish up a report with
21 somebody or, you know, bring the patient mail or --
22 you know, they don't just sever the relationship and
23 never to be seen again, so I -- I didn't
24 really -- I thought maybe she was covering for

1 somebody or -- I don't know.

2 Q. Did you ever talk to anyone about it?

3 A. I don't recall.

4 Q. Do you recall if anyone talked to you about
5 it?

6 A. I believe -- I think Bill did tell me after
7 the fact that he had, you know, to go down there and
8 unlock it and, you know -- yeah, that's -- I mean,
9 that's about it that I recall.

10 Q. So, you know, when he was telling you he had
11 to go unlock it and obviously he sent this e-mail,
12 did he indicate to you any suspicion of it not really
13 being appropriate for Christy and Ben to be locked in
14 the office?

15 A. I don't recall specifically. I think the --
16 the overall thought was that she just wasn't very
17 smart in her decision-making.

18 Q. One second.

19 (Pause.)

20 BY MR. CECALA:

21 Q. So, Colleen, has there ever been an incident
22 like this, where a patient and a staff member were
23 locked in an office, in your 28 years' experience at
24 Elgin other than this incident?

1 A. Oh, boy. Not that I recall.

2 Q. So would it be fair to characterize this as
3 unusual because it's the only incident you can think
4 of?

5 A. Yes. I mean, even if -- even if it weren't,
6 it's unusual.

7 Q. Are you aware of what transpired between
8 Christy and Ben in the office before they called for
9 security?

10 A. No.

11 Q. You've never heard anyone speak about it or
12 there's been no rumors about it?

13 A. Well, I mean, I'm sure there's rumors after
14 the fact, but, no, not -- not...

15 Q. Well, have you heard any rumors about it?

16 A. Honestly, no, I haven't.

17 Q. So as you sit here today, you don't know what
18 happened between Christy and Ben in the office
19 immediately before they were let out by the
20 locksmith?

21 A. No. I -- and I, for some reason, even in my
22 mind right now, I -- I thought it was like a few
23 minutes. Like I -- I'm not even aware of the time
24 frame, like how long, because the -- the patients are

1 checked every 15 to 30 minutes. I don't recall if we
2 were at 15 minutes then. It may have been 30
3 minutes, but...

4 Q. So as you sit here today, you're not aware
5 that Christy Lenhardt and Ben Hurt both admitted to
6 having sex in the office before they were let out?

7 A. No.

8 Q. And you've never had a hint of a rumor that
9 that's what happened in the office before they were
10 let out from anyone?

11 A. I don't recall hearing it from someone. I
12 mean, I guess I've speculated, you know, with
13 hindsight that obviously she wasn't there with, you
14 know, social work intentions, so -- but I don't know
15 if I, you know, put that in my head or if I heard it
16 or I don't -- I don't recall. I don't know.

17 Q. Well, I mean, did you draw a reasonable
18 conclusion about the possibility that they engaged in
19 some type of sex locked in the office after you now
20 know that Christy's been accused of all this?

21 A. Yeah.

22 Q. Okay. So did you -- so back to Christy. Did
23 you work closely with Christy Lenhardt?

24 A. Yeah, for a period when I was the nurse

1 manager for K and L and she was a caseworker, social
2 worker on the unit.

3 Q. About how long was that?

4 A. I would say at least three years.

5 Q. Covering what span of time?

6 A. 2011 to about 2014.

7 Q. So that would have been when you were nurse
8 manager and she was a social worker, so your
9 interaction with her would have been more frequent,
10 right?

11 A. I'm sorry. More frequent?

12 Q. Yes.

13 A. Yes.

14 Q. And then roundabout that time you became --
15 you were TA'd to associate director of nursing,
16 right?

17 A. Correct.

18 Q. So what was your interaction with Christy
19 during the 2015 to 2017 window?

20 A. Minimal. I mean, I don't recall. I'm sure I
21 saw her, but it was -- it would have been in passing
22 or...

23 Q. Now, I'm curious. When you became associate
24 director of nursing, where was your office?

1 A. In the FTP administration area.

2 Q. Okay. And when you were nurse manager, where
3 was your office located?

4 A. It was between Modules K and L. I don't know
5 if you've been to the unit.

6 Q. Yes, we've been there.

7 MR. KRETCHMAR: In the stem.

8 BY MR. CECALA:

9 Q. In the stem?

10 A. Yeah, in the stem.

11 Q. Okay. You know, did Christy cause much
12 trouble?

13 A. I mean, I guess that's relative, you know,
14 much trouble. She -- she wasn't easy to work with at
15 times.

16 Q. Right. So in what ways did you find her to
17 not be easy to work with?

18 A. My -- my -- she wasn't -- you know, she
19 wasn't under my purview, like I didn't directly
20 supervise her, so a lot of her work performance
21 issues weren't -- it wasn't a direct -- you know, it
22 didn't impact me directly, but I know she made it
23 difficult for the treatment team because of like her
24 late court reports and, you know, dragging her feet

1 on this or that.

2 But for -- for me specifically, what
3 she made difficult is that the STAs would -- STAs,
4 security therapy aides, who I supervise directly,
5 would have issue with her because they would set a
6 boundary, you know, with a patient, whatever, and it
7 was usually just like things that -- that were just
8 so minimal; but, for instance, we had a -- we had a
9 patient who in his illness he liked to just copy,
10 copy papers, copy papers, copy papers. And he would
11 ask numerous staff frequently and then -- so they
12 made a decision, the treatment team, that he would
13 get X amount of copies per day, whatever that was.
14 And I can't recall the number, five or ten or
15 whatever. And he would, you know, meet that boundary
16 or whatever was prescribed and then the STAs would
17 say, you know, no, Mr. So and So, we can make more
18 copies tomorrow morning, and then he would go to
19 Christy and she would do it. So it would -- you
20 know, it would cause splitting in the -- in the
21 treatment team. There were just things like that,
22 just little -- just run-ins, bumping heads with the
23 STAs, direct care staff.

24 Q. Did you ever bump heads with Christy?

1 A. Oh, yeah. There was --

2 Q. Go ahead. You were going to give me an
3 instance. Can you provide me an instance?

4 A. This just stands out in my head. There was a
5 specific incident where she had -- excuse me,
6 instance, she had students, social work students, and
7 I don't recall what I said to her, but something I
8 said to her in a morning meeting, the treatment
9 meeting, rubbed her the wrong way, so she came to my
10 office with the student and began like crying and
11 being overly emotional in front of the student. And
12 I just found that pretty inappropriate. And I asked
13 the student to leave and then I -- I just, you know,
14 told Christy, I said, I don't do this. I said, I'm
15 not -- this is not comfortable for me. I said, I
16 don't know what's happening right now, but, yeah,
17 so...

18 Q. Okay. So that's one incident. Did you ever
19 address Christy's like boundary issues with her at
20 morning meetings, where you were overseeing the
21 morning meeting?

22 A. I -- you know, I don't know. I may have.
23 Again, I don't recall.

24 Q. So let's go to page 5 of Exhibit 1, which

1 is -- I think it's the incident that you had
2 described. Starting on, I guess, line 6 -- I'm
3 sorry. Page 5, line 22. The police ask you, "How
4 was your interaction with Christy? How was she as a
5 social worker, her work ethics, her character? Did
6 you have any issues with Christy Lenhardt?"

7 And then from -- all the way till
8 line 23, if you want to take a look at this, do you
9 remember being asked these questions and giving these
10 answers to the State Police?

11 A. I don't recall specifically, but, I mean, I
12 know I've had to relay that instance before, so...

13 Q. I mean, it's basically what -- what you just
14 indicated to us about the one incident with Christy
15 and the intern, right?

16 A. Yeah.

17 Q. On line -- I think it's line 18, you said,
18 "So I asked her to stop." And you -- then you say
19 you apologized to the intern, asked her to wait in
20 the hall, and then you told Christy on lines 22 and
21 23 "Don't ever do that again."

22 Do you recall telling Christy that?

23 A. I don't recall that now, but I -- I --
24 sounds -- yeah, I didn't have a lot of tolerance with

1 her, so I -- I probably said that.

2 Q. Yeah. Would you say she was a person who
3 openly showed her emotions at work?

4 A. Yeah, but it always struck me as -- as
5 almost -- oh, sorry, you just -- yes.

6 Q. So how did it strike you?

7 A. Just -- instead of -- you know, when you try
8 and hold someone accountable, instead of, you know,
9 owning the behavior and changing it or -- I'll just
10 cry a lot, so then people will feel bad and stop
11 expecting me --

12 Q. So you -- so you think she was using her
13 emotions to avoid taking responsibility for things
14 she did wrong?

15 A. Sometimes.

16 Q. So the incident you described here, when did
17 that incident take place? You said it was after a
18 morning meeting, right?

19 A. Yeah.

20 Q. Do you remember the approximate year that
21 this would have taken place?

22 A. I don't. I'm sorry. I really don't recall,
23 but...

24 Q. Well, on the next page here it says -- let me

1 make sure I got the right lines. Actually, it's over
2 here. Hang on. I think I have the wrong references.
3 Oh, yeah, here. Sorry. It's on page 7. I did have
4 the right records. It's just a different page.

5 Actually, at the top of the page when
6 you -- you were asked about, you know, what was being
7 said to Christy, you also said -- you answered that
8 you told her that that's completely inappropriate,
9 correct?

10 A. Yeah.

11 Q. And then there's another part of your answer.
12 Could you read lines 2 through 6?

13 A. "So following that, I did speak to her -- I
14 guess it's a -- he's probably in a supervisory role,
15 he's a social worker III, which is Bob Hanlon." They
16 wrote Hanlon, but his name is actually Hamlin.

17 Q. Yeah.

18 A. "And told him -- I shared my concerns about
19 her sort of having students."

20 Q. So you both addressed this directly with
21 Christy and you took it to her supervisor, right?

22 A. Correct.

23 Q. And then the next question is do you remember
24 was it between 2000 and 2015? You say I don't

1 remember what year it was -- or do you remember what
2 year it was? And your answer was, "No. It was early
3 when I got there."

4 What did you mean by early when you
5 got there; like, you obviously had been working at
6 Elgin for a long time?

7 A. Earlier -- early when I got there, I assume I
8 meant to K and L.

9 Q. Okay. So when did you get to K and L?

10 A. 2011.

11 Q. So this incident could have been as early as
12 2011?

13 A. Probably. If -- this is such an aside and
14 such a weird thing to remember, but initially I had
15 sort of a friendly rapport with Christy because she
16 was interested in Alpaca farming. Sorry. It's just
17 striking. And I thought how cute is that. And she
18 was on Facebook with Alpaca things, so I remember
19 we -- we were Facebook friends and -- and all that,
20 like -- so it had -- I mean, it may have been early
21 2012.

22 Q. So -- right. So -- good. That's good
23 information. So when you started, you had more of a
24 cordial relationship, you were Facebook friends?

1 A. Yeah.

2 Q. And then there's an incident here, you know,
3 2012 perhaps, when, you know, Christy is
4 inappropriately emotional in your -- I don't want to
5 put words in your mouth, but you're sort of
6 correcting her about her behavior, right?

7 A. Yeah, because it was in my office.

8 Q. Sure. And did -- did at some point or
9 another your relationship with her change a bit like
10 in that 2012 time?

11 A. I don't -- again, I don't know the time
12 frame, but, yes, it did.

13 Q. So this incident -- let's -- can we call it
14 the 2012 incident? Is that fair?

15 A. Sure.

16 Q. Or the 2012 intern incident. You said you
17 talked to Hamlin. Did you talk to anyone other than
18 Bob Hamlin?

19 A. I know that I did talk to, at one point, Drew
20 Beck about concerns, you know, with her and how she
21 was splitting with the STAs.

22 Q. Well, I'm looking at the -- the 2012 intern
23 incident. Was it around that time that you would
24 have talked to Drew?

1 A. I -- I can't recall because he was just -- he
2 was on the unit, too, so, I mean, I don't know.

3 Q. Well, when you say he was on the unit, so
4 Drew was on K-Unit, right?

5 A. He was on Module K, but we all -- we all did
6 the same morning meeting, every -- yeah. And he, I
7 guess, had sort of been her mentor previously or
8 had -- you know, because social workers like do this
9 supervision thing with each other, so I -- I had
10 shared with him something -- my, you know, concerns
11 about with the splitting of the staff and whatnot.

12 Q. So did you specifically share the 2012 intern
13 incident with him?

14 A. I may have. I don't recall specifically.

15 Q. So you said that you talked about the staff
16 splitting and whatnot. The staff splitting, was it
17 always the case that Christy was perhaps being more
18 lenient or having an easier crossing of the boundary
19 than the other staff were comfortable with?

20 A. I don't know if it was -- the perception was
21 that she just didn't want, you know, to have any,
22 like, confrontation or conflict, that she just, you
23 know, would give in to -- to avoid, you know, having
24 to be the bad guy sort of. So the STA's perception

1 was that they always had to be the bad guy or they
2 had to, you know, enforce the treatment team
3 recommendation.

4 Q. Right. Now, in this answer about the 2012
5 intern incident, you both told her never do it again
6 and that's completely inappropriate. Were you
7 meaning that it was inappropriate to lose her
8 emotions and that's -- that's what she shouldn't do
9 again?

10 A. No, that she brought -- and I believe if --
11 what I'm recalling is the student was pretty new and
12 obviously they're there to learn about the
13 profession, and -- and to have your just preceptor
14 just have an emotional, you know, breakdown in front
15 of you and the nurse manager, I just thought that was
16 like completely inappropriate. I mean, if she -- if
17 she had come to my office and, you know, wanted to
18 speak to me confidentially and that, you know,
19 whatever I said offended her or upset her or, you
20 know, that -- that I still would have been like I
21 don't do well with this, but okay. But I just
22 thought doing that with a student was very strange.

23 Q. Well, but you made the point -- I don't know
24 if you answered one way or the other, but the strange

1 part is that she's breaking down crying, having an
2 emotional outburst in your office, correct?

3 A. It more bothered me about the student, you
4 know.

5 Q. But when she had the emotional outburst in
6 front of the student, right?

7 A. Correct.

8 Q. I mean, if she had come to your office with a
9 student and said, hey, I'd like to discuss your
10 concerns from the morning meeting. Can you help me
11 learn what you were saying? And the student would
12 have been learning about how to interact
13 appropriately with staff, you probably wouldn't have
14 had a problem now, would you?

15 A. Probably it would have been received
16 differently. Yeah, I probably would have not felt --
17 but I still thought that it was odd to discuss, you
18 know, an interpersonal issue she was having with me
19 in front of a student.

20 Q. Right. So -- and it was an interpersonal
21 issue, right?

22 A. I believe -- I believe it had something to do
23 with something I said to her during a morning
24 meeting.

1 Q. And you don't recall what you said to her at
2 the morning meeting?

3 A. No.

4 Q. So down here on lines 22 and 23 the police
5 ask you, "Was there any red flags that you can
6 remember, if she had any red flags pop up?"

7 And then could you read your answer?
8 It starts on line 24 and then goes on to the next
9 page, page 8.

10 A. "The staff that I supervised would come to me
11 and express that Christy put them in positions that
12 were uncomfortable for them, because she would -- you
13 know, we call it staff splitting, team splitting. So
14 let's say Rick sets a limit and you go back and
15 change that, you know. She would do things like
16 that. And that she was frequently there on the p.m.
17 shift, after 4:00, which her shift was 8:00 to 4:00."

18 Q. Okay. So what did you think red flags meant?

19 A. I don't recall.

20 Q. So if I were to ask you can you think of red
21 flags from your experience working with Christy, how
22 would you answer that today?

23 A. Never in a million years would I have thought
24 that we would be sitting where we are sitting right

1 now discussing that Christy Lenhardt sexually abused
2 Ben Hurt.

3 Q. I mean, we're going to get into this in a
4 minute, and I appreciate you volunteering that
5 because Christy Lenhardt didn't just abuse Ben Hurt,
6 she confessed to abusing [REDACTED], [REDACTED]
7 [REDACTED] and Ben Hurt over a ten-year period and
8 many of these were relationships that went on for
9 months at a time, if not years.

10 So I very much appreciate -- I'm not
11 trying to confine any of your answers. You're being
12 very cooperative and civil. And on some of these
13 next questions, just in the interest of your hard
14 stop at 5:00, I'm going to make sure that I'm
15 disciplined about asking because there's a lot of
16 information about Christy.

17 So the police asked you about red
18 flags back then. I'm asking you today. As you think
19 of your working time from 2012 to 2017 working with
20 Christy Lenhardt, did you have any red flags that
21 would pop up that, you know, make you wonder about
22 Christy's behavior? Were there red flags during that
23 time?

24 A. Again, even knowing what I know now, thinking

1 back, I honestly thought that she had to stay as much
2 as she did over because she was always behind on her
3 paperwork. She was always getting spoken to
4 regarding court reports and things like that.

5 Q. Okay. Well, let's talk about that for a
6 second because you answered the police, when they
7 asked you about red flags, that she would stay late,
8 that she would split staff.

9 And if you go down to the bottom of
10 this page, so -- where you were answering this
11 general line of questions. On line 24, can you start
12 reading your answer there and then we'll move on to
13 the next page?

14 A. "You know, people aren't chomping at the bit
15 to hang out here after 4:00."

16 Q. Okay. And then is staying late a red flag
17 because everyone wants to leave at 4:00?

18 A. A red flag for what? I mean, you know, I
19 mean, if someone's not happy at home, maybe they stay
20 at work late. You know, if someone's on a corrective
21 action plan because they're not getting their stuff
22 in on time, maybe they stay late. So, again, because
23 I didn't -- she wasn't under my direct supervision, I
24 wasn't -- you know, I didn't know if her supervisor

1 was telling her she had to do X, Y or Z.

2 Q. Well, I mean, is -- is staying late a red
3 flag in some way for misconduct in some way?

4 A. No, but I can say for -- for nursing, like,
5 that has to be pre-approved.

6 Q. Well, pre-approved because you won't get
7 paid, right?

8 A. That and just for safety reasons to know
9 who's on the unit at any given time.

10 Q. Okay. Now --

11 A. You know, and I know this sounds farfetched,
12 but what if there's a disaster and we need to know
13 who was in the building and it just -- there's many
14 reasons. We need to know who's -- who's on the unit.

15 Q. So -- and we talked about the staff
16 splitting, but you did say that -- this is your prior
17 answer, "The staff I supervised would come to me and
18 express." You know, they're basically complaining
19 about Christy to you, about the splitting and the
20 staying late, right? That's -- we just read that.

21 A. Yeah.

22 Q. And then, again, the police were continuing
23 to press you a bit on this issue. People don't stay
24 late because of what you just said, and, you know, at

1 4:00 there seems to be a mass exodus and a new shift,
2 right?

3 A. Yeah.

4 Q. So when the staff complained to you about
5 Christy, where did they present these complaints,
6 where were you?

7 A. Probably my office.

8 Q. And can you give me a little idea how that
9 would happen? Did they just come in in the morning
10 and tell you about from yesterday or passing you in
11 the hallway? Or, I guess, you just said in the
12 office. But how -- what was the general arrangement
13 of things as to a staff bringing you a complaint?

14 A. I met -- well, I met with the day shift
15 staff, I saw them daily, you know, because I'd be on
16 the unit either, you know, meeting with the patients
17 or doing unit stuff or, you know, in the meeting, but
18 for the PM shift, I would also -- they'd come on --
19 excuse me. Their shift starts at 3:00 and my shift
20 ended at 4:00, so there was always that hour overlay.
21 What is that? Overlay. That doesn't sound right.

22 Q. Overlay?

23 A. Overlay. Thank you. Where they had an
24 opportunity -- you know, I'd either go into the

1 nurses' station and touch base with them or -- they
2 signed in right outside my office, so sometimes I
3 would just stand out by the stem area and greet them
4 as they came in.

5 Q. Do you remember any specific STAs who
6 complained about Christy?

7 A. I don't.

8 Q. Did Monico Darecko (sic) ever complain to you
9 about Christy?

10 A. He -- he may have. Directo, Monico Directo.

11 Q. Sorry. Monico Directo. If you recall, what,
12 if anything, did he say?

13 A. I don't recall. Honestly, I don't recall a
14 specific conversation with him.

15 Q. Do you recall who reported that Christy would
16 stay late?

17 A. It had to have been the PM shift's STAs, but
18 I'm not recalling specifics, names.

19 Q. So how did you respond to these complaints?

20 A. I would -- I want to say I discussed it with
21 Peggy Gibble.

22 Q. And who is Peggy?

23 A. She -- she is currently the director of
24 social work, and I think she may have been like in an

1 interim position at that time, but if -- if it wasn't
2 Peggy, I -- or maybe it was Jeff Pharis. I don't --
3 it could have been Jeff Pharis, but, again, not being
4 her direct supervisor, I had no authority to question
5 her or direct her regarding staying or -- like I
6 said, I didn't know if she was being paid overtime,
7 if this was -- so I -- I brought it to her supervisor
8 who -- I -- again, it was either Peggy Gibble or Jeff
9 Pharis.

10 Q. So on page 9 here, lines 8 and 9, the police
11 ask you, "It was being brought to your attention that
12 she was staying," and then could you read your answer
13 from lines 10 to 14?

14 A. "It was brought to my attention. So it was
15 frequent enough that people were bothered because
16 those were -- and those were the times, for instance,
17 the staff would set a limit with a patient, and then
18 she would do something to undermine that."

19 Q. So I'm wondering how her staying late has
20 anything to do with her setting limits? How do those
21 two things relate?

22 A. So if -- you know, if the STA staff, you
23 know, said no to a request or, you know, set a limit
24 and then if she was on the unit at that time and then

1 the patient would go to Christy and then she would
2 either do what the request was or -- you know, like
3 something's coming to my mind. Like, for instance,
4 the laundry room, there's times, certain times
5 patients -- especially on the NGRI units, where the
6 patients are there longer, they have assigned laundry
7 days and -- and that's just to make sure that
8 everybody has, you know, appropriate and sufficient
9 time to wash their clothes. And so if a patient
10 said, hey, can I throw some clothes in and the staff
11 would say, no, it's so and so's time, and then they'd
12 ask Christy and she'd open the door to the laundry
13 room. Excuse me.

14 Q. And is that because she was staying late?

15 A. No, she did it on day shift, too. It's just
16 during the day, I think there were other things
17 occurring that -- that, you know, kept her more -- or
18 busier, so maybe she didn't have as many
19 opportunities to do other things like that, like open
20 doors or make copies and all that stuff. But on the
21 evening shift, most of the clinical staff, not most,
22 all of the clinical staff leave around 4:00 --
23 between 3:00 and 4:00, so the -- the shift is pretty
24 much comprised of STAs and RNs.

1 Q. So because the police never asked you about
2 limits here, they were asking about staying late, and
3 I'm not sure it's clear to me yet, but I'll keep
4 asking how staying late involves splitting staff and
5 how that involves limits with patients.

6 So is it possible that she was
7 staying late to spend time with patients? Did you
8 ever hear that?

9 A. No.

10 Q. Did you ever hear a staff complaint that
11 Christy spent too much time with patients?

12 A. I do recall a staff saying she was feeding
13 certain patients.

14 Q. Feeding?

15 A. And, I'm sorry, that sounds so -- feeding --
16 bringing food.

17 Q. Bringing -- like bringing a home-cooked meal
18 to certain patients?

19 A. Right, yeah.

20 Q. So --

21 A. But it wasn't one patient specific, that I
22 recall.

23 Q. But a home-cooked meal brought in to give to
24 a particular patient was one of the complaints you

1 received?

2 A. Yeah, that she had brought food in.

3 Q. Do you remember who told you that?

4 A. No, I don't.

5 Q. So on page 9 you're -- you were saying that
6 it bothered the staff because those were times, for
7 instance, that she was doing things that would
8 undermine the limits.

9 Does that merely mean that the staff
10 had set one limit, Christy violated that limit, and
11 then it undermined the other staff's authority to
12 control the environment?

13 A. Yeah, I mean, I hate to -- to use the word
14 control, but -- but, yeah, I mean, the staff then --
15 yeah. I'll just say yes. Yes.

16 Q. So on the next page the police are asking you
17 about -- lines 10 through 13 they asked -- page 10.
18 "Or was it just that, 'Hey, there's somebody -- just
19 letting you know, by the way, you know, she's
20 staying -- you know, last week, you know, last week
21 she was here three days until 7:00'."

22 I think the police are trying to
23 describe a complaint about Christy staying late.

24 And then could you read your answer

1 14 -- lines 14 through 16?

2 A. I said, "No, no, no. It was that it was
3 interfering with the direct care staff's ability to
4 do their job because."

5 Q. So if Christy stayed late, how did that
6 interfere with the other staff's ability to do their
7 job?

8 A. Because they would set a limit or say no to a
9 request and then Christy would do it.

10 Q. Right, but she was doing that during her
11 shift and after her shift, right?

12 A. I didn't hear about it from -- from -- I
13 don't recall hearing about it or not as much on the
14 day shift.

15 Q. So this is mostly the evening shift STAs that
16 complained about Christy?

17 A. Correct.

18 Q. It's been suggested by other witnesses that
19 Christy had a -- just had a different style of doing
20 social work and that her style differed from the
21 other staff.

22 Is it possible that Christy just had
23 a different style of delivering care?

24 A. Yeah. I mean, I guess. I've worked with

1 very strict social workers, and I've worked with
2 very -- you know, some are therapy-based, some are
3 case management-based, so I...

4 Q. So that's possible?

5 A. Well, I mean, her style of -- of -- that
6 wasn't the problem. It was when one staff -- one
7 part of your team says no and then she'd come and say
8 yes.

9 Q. Well, how did you know that Christy's limits
10 were wrong and that the other staff limits were
11 correct?

12 A. Because it would be something like, you know,
13 an agreed upon by the treatment team -- you know, for
14 instance, like I said, the -- the number of copies.
15 So the treatment team is comprised of the
16 psychiatrist, the social worker, the AT, the nurse;
17 so if they all agree to something and then that's --
18 and then you have one member of the team who -- who
19 goes against it, it just...

20 Q. Fair enough. So these are not things --
21 complaints you were receiving that could easily be
22 dismissed as just, oh, that's Christy just being
23 Christy, correct?

24 A. Well, but -- these were things. They were

1 never -- like I said, it's almost something you would
2 call nuisance behavior. She wasn't doing anything
3 like overtly dangerous or, you know, overtly
4 indicative of something, you know, sinister, but it
5 was just disruptive. It was disruptive for the other
6 staff.

7 Q. Right. But my question is it's a pattern of
8 behavior by Christy that wasn't easily dismissed
9 based upon some social worker style or like I used
10 the expression, oh, that's just Christy being
11 Christy? It wasn't dismissible like that, was it?

12 A. Well, that's -- but that's what I heard,
13 well, that's just how Christy is or that's just
14 Christy.

15 Q. Who did you hear that from?

16 A. Like, you know, other social workers or other
17 people in her discipline, you know, that, yeah,
18 that's just how she is and...

19 Q. So were those types of statements being made
20 by the other social workers, other staff something
21 which made this type of behavior more or less
22 dismissible by you as a senior person at Elgin?

23 A. For me, no, because I thought, you know, the
24 expectation is the expectation. It should be across

1 the board. Like my staff can't stay past their shift
2 without getting prior approval, you know. Neither
3 should other disciplines; but, again, my -- my
4 authority only goes so far as to report it to that
5 discipline supervisor.

6 Q. Did you ever speak to Christy directly about
7 it?

8 A. I'm pretty direct, so I think I probably did,
9 but it's not standing out.

10 Q. Okay. Let's take these, perhaps, in the
11 instances you noted. So there are complaints about
12 Christy staying late. There's complaints about
13 Christy making copies. There's complaints about
14 Christy bringing home-cooked meals to people.
15 There's complaints about Christy letting patients use
16 the laundry.

17 Outside of those four complaints,
18 what other complaints were there about Christy?

19 A. Just the late court reports I remember -- you
20 know, that was a frequent issue.

21 Q. Anything else?

22 A. I mean, nothing -- nothing's standing out.

23 Q. And I just -- I'm not sure if I asked this
24 before or not, but no one ever came and told you

1 Christy is spending too much time with one individual
2 patient in particular?

3 A. I don't recall. You know, I feel like I'm --
4 I don't know if I'm making this up or, you know, if
5 it's because it's -- this is about Ben and I don't
6 know if I'm making -- you know, tieing it together,
7 did somebody say she's bringing food to Ben.

8 Q. Well, did you ever hear that someone told you
9 Christy is bringing home-cooked meals to Ben?

10 A. It -- I -- maybe. It may have been Ben or
11 Mark Owens. There's another gentleman who I -- and I
12 don't know, because of HIPAA, if I'm -- should say
13 his name.

14 MS. JOHNSTON: No. Let me just jump in
15 there. Let's not start saying other names.

16 BY MR. CECALA:

17 Q. Well, I mean, I can ask you. Was it [REDACTED]
18 [REDACTED]?

19 A. No.

20 Q. [REDACTED]?

21 A. Maybe it was [REDACTED].

22 MR. CECALA: Give me one second.

23 MS. JOHNSTON: Joe, while you're doing that,
24 can we actually just take a quick five?

1 MR. CECALA: Sure. You want to take a
2 five-minute break? It's 3:10.

3 MS. JOHNSTON: Yeah, sounds good.

4 (A brief recess was taken.)

5 BY MR. CECALA:

6 Q. So I was asking you about these different
7 conflicts with staff over Christy's limits, and we
8 kind of have that she was making copies, she stayed
9 late, there were meals, the splitting on the laundry
10 uses, she was late with her court reports, she gave
11 meals to Ben Hurt, perhaps Mark Owens, perhaps [REDACTED]
12 [REDACTED] Is there any other patient that you can think
13 of?

14 A. No. And -- and as far as giving meals to
15 those three, I -- I don't know if that's for sure or
16 not. I don't have a clear recollection of who they
17 indicated.

18 Q. Okay. What about [REDACTED] [REDACTED]

19 A. Not sure.

20 Q. So -- okay. Outside of the specific --
21 potential for specific meals, home-cooked meals, to
22 Ben, Mark, [REDACTED] would [REDACTED] be included in that
23 or you're not sure if any of them or...

24 A. I don't recall specifically who --

1 Q. Okay.

2 A. -- she was bringing food to.

3 Q. Okay. So -- but outside of making copies,
4 being late -- or staying late, meals generally, the
5 laundry, the court reports, what were any other
6 specific staff splitting conflicts that were reported
7 to you?

8 A. That's all I can really recall.

9 Q. So how often did these complaints occur?

10 A. It was sporadic. It wasn't, you know, daily
11 or weekly.

12 Q. Well, over the course of a month, was it more
13 than ten times?

14 A. No.

15 Q. So more than five times?

16 A. No.

17 Q. So fewer than five complaints per month?

18 A. Yeah, for -- I mean, from what I recall.

19 Q. So --

20 A. And it wasn't every month. It would -- you
21 know, it wasn't like ongoing all the time.

22 Q. All right. So maybe a whole month could go
23 by with no complaints and then the next month there'd
24 be five?

1 A. Yeah, I mean...

2 Q. So on page 12, down at the bottom the police
3 asked you, "So she would -- but, again, there was no
4 one that she would particularly pick out. She was
5 just -- in general, that was something she would just
6 do on a consistent basis?"

7 Can you read your answer there
8 starting on line 21?

9 A. I'm sorry. Starting on line what?

10 Q. 21.

11 A. "No, it was specific patients. I'm going to
12 be completely honest right now. I don't know if all
13 the hoopla and media and all this stuff is clouding
14 my -- you know, and making me think of Ben, because
15 of everything that's going on. So I don't even -- I
16 don't want to say that it was Ben, you know."

17 Q. Is there some particular reason you don't
18 want to say it was Ben?

19 A. No. I mean, I'm saying the same thing that I
20 said then and I haven't read this. It's hard to
21 determine what I've -- from what I know post, you
22 know, the conviction and post the media stuff, if
23 that's merged in my brain as if it's just all
24 together now.

1 Q. Sure. But on page 14 the police ask you
2 again, "But if we were to ask you, did she do that
3 for Ben, would the answer be yes or no?"

4 Could you read your answer?

5 A. "I would have to say yes."

6 Q. So you knew she was doing special favors for
7 Ben, right?

8 A. Well, what was I referring to?

9 Q. So we can go back. I mean, most of what
10 we're going to see here is the -- is Officer Sandavol
11 testifying on page 13. Sorry. There was your answer
12 to the last question. So then he asks another
13 question on page 13, line 4, he says, very much the
14 officer, "Okay. And the reality is this: Obviously,
15 if in the event there's an allegation, the Illinois
16 State Police is -- you know, 'Hey, Mr. ISP, or, hey,
17 Mr. State Policeman, can you come and look at this?
18 We'd like for you to look into it.' Because, again,
19 it's not -- you know, an allegation is -- what? --
20 it's either true or false. And our job is to be very
21 diligent into applying reliable, admissible
22 information that's going to prove either-or. So
23 there's this burden of proof, if you will, but a huge
24 responsibility on our part, you know. Just because

1 you allege something, doesn't necessarily mean it
2 happens. And, you know, if it did, though, then we
3 want to make sure that we're doing what we need to do
4 to prove it; but at the same time, if we're able to
5 exonerate the state employee, that's our job as well.
6 But, again, yes, you mentioned the hoopla. Now
7 there's this thing on the news, WGN and -- okay.
8 Obviously, that's a civil matter. This is more of a
9 criminal matter as relates to the allegation."

10 And then your answer is, "Yeah, I
11 know."

12 So they're asking you, same line of
13 questioning, about giving special treatment to
14 patients. And the question here is, "If we were to
15 ask you, did she do that for Ben, would the answer be
16 yes or no?" Your answer is, "I would have to say
17 yes." Right?

18 A. Correct.

19 Q. So at least at that time you felt comfortable
20 saying that you knew Christy was doing this for Ben,
21 right?

22 A. Yes. I don't know what doing this is,
23 though, specifically.

24 Q. Well, let's go into that a little bit. I

1 mean, let me ask you this. Strike that.

2 So on page 14 here, line 24 to
3 line -- to the next page, the police ask, but was she
4 so inclined as to do that for several patients --
5 maybe I'll start with the full question.

6 Line 22, but at that time did she, in
7 fact, do those particular, let's say, favors. I
8 don't want to use the word favor, but was she so
9 inclined as to do that for several patients and maybe
10 not others? So she was selective?

11 Could you read your answer there?

12 A. "Oh, yeah."

13 Q. Then he asks again, "She was selective in the
14 process?" And your answer?

15 A. "Uh-huh."

16 Q. Okay. So you knew Christy was singling out
17 patients to provide special favors for, right?

18 A. Yes. It says I said it was her patients.

19 Q. Okay. So was Ben Hurt her patient?

20 A. I believe he was.

21 Q. And so going back to this earlier answer. On
22 page 14, "But if I were to ask you, did she do that
23 for Ben, would the answer be yes or no?" And you
24 said, "I would have to say yes," in the context of

1 giving Ben favors.

2 Now, we've talked about making
3 copies. So did she make copies for Ben?

4 A. I don't recall. She may have.

5 Q. Did she stay late to stay with Ben and just
6 hang out with him?

7 A. Not that I'm aware of.

8 Q. You said she might -- you may have heard that
9 someone told you that she made home-cooked meals for
10 Ben?

11 A. Not just Ben. I just know that it was
12 reported she had brought food for certain patients.

13 Q. I'm not asking you about certain patients
14 now. I'm asking about Ben.

15 You said earlier that someone may
16 have told you that she brought home-cooked meals for
17 Ben, correct?

18 A. No, I can't say it was Ben specifically.

19 Q. Okay. Was she late with Ben's court reports?

20 A. I don't recall.

21 Q. Did she let Ben into the laundry when other
22 staff had not allowed Ben to do his laundry?

23 A. I mean -- I don't recall specifically. She
24 may have.

1 Q. So you don't recall whether any of the six
2 different specific complaints that you heard from
3 staff about Christy were directly related to Ben
4 Hurt?

5 A. I don't recall if it was just specific to
6 Ben. He may have been one of several patients
7 that -- yeah, I'm not -- I don't -- I can't think of
8 a specific conversation where...

9 Q. Do you know how old Ben Hurt was when he was
10 confined to Elgin?

11 A. I believe 20.

12 Q. And he was there for three years, so
13 somewhere between 20 and 24 years old, correct?

14 A. Is that accurate? He was 20 on admission?

15 Q. I think that he was about 21 when he arrived.

16 A. 21, okay.

17 Q. Do you know how old [REDACTED] was
18 when he was Christy's patient?

19 A. I don't.

20 Q. Did he at least appear to you to be about in
21 his early 20s?

22 A. Probably -- yeah, he was probably late --
23 mid, late 20s.

24 Q. How about Mark Owens, do you know how old

1 Mark Owens was when he was Christy's patient?

2 A. I don't, but I -- 20s.

3 Q. And how about [REDACTED] [REDACTED]

4 A. Same, 20s.

5 Q. And [REDACTED] [REDACTED]

6 A. [REDACTED] I want to say, was near 40.

7 Q. He was a little older, right?

8 A. Yeah.

9 Q. But Ben, [REDACTED] Mark and [REDACTED] were all
10 young black men in their early 20s, right?

11 A. Correct.

12 Q. So I think earlier you mentioned that it's a
13 violation of policy for a social worker to lock the
14 door when meeting with a patient; is that correct?

15 A. Yeah. Well, it's a...

16 Q. I'm sorry. I didn't hear that.

17 A. It's -- it's a practice. We don't -- you
18 shouldn't have your door locked with a patient in
19 there.

20 Q. Is there any reason to have the door locked?

21 A. No.

22 Q. Now, at Elgin, the office doors, they lock
23 from the inside out, correct?

24 A. I'm just looking at my office -- my office

1 door locks from the outside, so I don't know.

2 Q. Okay. What about the social worker offices
3 on the units?

4 A. No, I think -- I think it's a key lock from
5 the outside. They have to activate or, you know,
6 turn it or -- when you open the door, you -- you
7 disengage the lock from the outside.

8 Q. You'd need -- you'd need an outside key -- to
9 come in from the outside, you have to have a key,
10 right?

11 A. Yes, an H1 key.

12 Q. Right. But if you're inside the office, you
13 can open the door to get out without using a key,
14 right?

15 A. Correct.

16 Q. So that's what I meant by the door locks from
17 the -- from the inside, not from the outside, because
18 you can exit the office, unlocking it without a key
19 from the inside, but you can't do that from the
20 outside, correct?

21 A. Correct.

22 Q. So if you went into the office with your key
23 and you closed the door behind you, there's some
24 inside mechanism that perhaps you can't reach unless

1 the door is opened to trigger that the door would
2 just stay unlocked, right?

3 A. Okay. The door is not locked. If you're in
4 the office, you can get out without a key.

5 Q. Right. That's my point. In other words,
6 once you're in the office, for the door to remain
7 locked from the outside, the social worker would have
8 to make a decision to unlock the door to make it
9 available for anyone coming in from the outside to
10 get in, right?

11 A. Correct.

12 Q. Have you ever locked a door when you've met
13 with a patient in an office?

14 A. Not that I'm aware of.

15 Q. It's dangerous -- so is it dangerous for the
16 staff to be locked in the office with a patient?

17 A. It -- yes, it can be.

18 Q. So were you ever told that Christy would lock
19 her office door when meeting with patients?

20 A. I don't recall.

21 Q. You don't recall any STA ever reporting to
22 you that Christy was in an office with a patient and
23 the door was locked?

24 A. No, I don't recall a specific conversation

1 like that.

2 Q. Are you aware of whether Christy ever did
3 this?

4 A. No, but if -- I mean, if it was reported to
5 me, I would have reported it, I would assume, to her
6 supervisor and I think that I would have addressed it
7 directly with her.

8 Q. Directly -- I'm sorry. To who?

9 A. With her.

10 Q. With her?

11 A. Because that's a, you know, safety issue.

12 Q. Right. So if someone told you Christy's
13 locked in the office with a patient, in addition to
14 reporting it to her supervisor, it's kind of your
15 style, you would have gone and directly discussed
16 this with Christy. Is that what you're saying?

17 A. Well, yeah, and I probably would have, you
18 know, checked on her.

19 Q. Do you recall any activity therapists
20 asked -- reporting to you that Christy was in the
21 office with a patient with the door locked?

22 A. No.

23 Q. So on page 17 the police asked you, line 2,
24 "Okay. And then have you ever approached Christy

1 Lenhardt? So when a nurse would talk to you, would
2 you directly go to Christy Lenhardt, or would you go
3 directly to someone else to speak about -- like
4 either it's a boundary issue or if she's -- say she's
5 going against the plans set in place by your nurses
6 and she's going against that, would you go and talk
7 to her supervisor and say, 'Hey, this is what I'm
8 hearing. This is what she's doing. Can you talk to
9 her about that,' or would you go directly to her and
10 ask her?"

11 Could you read your answer lines 12
12 through 16?

13 A. Oh. "I probably did both because I'm not
14 shy. So my guess is that I did probably ask her to
15 stop doing that. But I do know that I did bring her
16 staying late to her supervisor, who I think at the
17 time was Jeff Pharis."

18 Q. Okay. So that's consistent with what you
19 just said, which is you've got a complaint and you
20 would go directly to Christy and to the supervisor,
21 right?

22 A. Uh-huh. Sorry. Yes. I was reading.

23 Q. No worries. So when you approached
24 Christy -- now, on any of these different complaints

1 from staff, you were trying to get her to stop doing
2 these things, weren't you?

3 A. Yes.

4 Q. Why were you trying to stop her from doing
5 those things?

6 A. Because it was causing issues with the other
7 staff members, who were my direct reports.

8 Q. Now, you said here, you told the police "I'm
9 not shy" when you were explaining how you approached
10 Christy. What do you -- what do you mean by that?

11 A. Meaning, I -- I will address an issue head-on
12 as opposed to not addressing it or -- I mean, again,
13 as long as it's within my -- you know, my scope, my
14 job scope.

15 Q. Good. That's a good segway.

16 Is observing behavior that might lead
17 you to believe someone's behaving inappropriately
18 with a patient, like getting too close or giving them
19 special favors or even becoming somewhat intimate or
20 emotional with the patient, is that within your scope
21 as nurse manager and then associate director of
22 nursing?

23 A. If at any time that I thought her actions
24 were abuse or neglect, I would have called OIG, in

1 addition to reporting it to her supervisor. You
2 know, as I've stated previously, I never in a million
3 years considered that there was an inappropriate
4 relationship or an inappropriate anything that she
5 was doing. If -- if anything, I just thought she was
6 the kind of person who, again, I found that maybe she
7 was insecure about her, you know, job abilities or
8 something and that she just wanted to make everyone
9 like her.

10 Q. So --

11 A. You know...

12 Q. Right. You said you -- you never considered
13 that she was abusive. Is that what you just said?

14 A. If I had any indication that I thought that
15 there was abuse or neglect, I would have reported
16 that to OIG.

17 Q. Well, that's slightly different than that you
18 didn't consider it. So was it that you just
19 didn't -- it just didn't occur for you and you didn't
20 consider that she was doing anything inappropriate?

21 A. I -- there's -- I had -- I had no indication
22 that there was something inappropriate going on. I
23 mean -- and I just want to clarify something with the
24 food issue. We used to -- the reason food has been

1 kind of become -- well, it doesn't matter. Food
2 allergies became a big, big deal, so we had to stop
3 bringing in home-cooked meals, but we used to -- that
4 used to be a frequent thing, is that staff would
5 do -- bring food in for the patients. So, I mean, it
6 didn't even -- I don't know. I just -- I don't know.

7 Q. Well, my question was you didn't consider
8 it -- you said you didn't have any indication of
9 abuse. What does it mean that you didn't have an
10 indication of it?

11 A. I mean, there was -- none of the reported
12 behaviors, you know, making copies, opening the
13 laundry room, you know, bringing the food to
14 patients, none of that -- like -- I just -- nothing
15 says to me, well, she's sexually abusing them. You
16 know, and, again, the only -- the -- it's not
17 abnormal for a social worker to meet with their
18 patients in their office. They're supposed to, so
19 they can make, you know, phone calls or if they're
20 providing therapy. I mean, that's -- that's not
21 abnormal.

22 Q. Is it abnormal to be locked in an office with
23 a patient?

24 A. Yes, that instance was abnormal.

1 Q. Is it abnormal to voluntarily lock yourself
2 as a social worker in an office with a patient even
3 if it's one time during a social work meeting?

4 A. If they purposely did it, then, yes, it's
5 abnormal because, again, you have to -- you have to
6 disengage the lock when you put your key in. You
7 know, so I know that there's been instances where,
8 you know, staff have forgotten to disengage the lock
9 and, you know, someone will walk by and -- a lot of
10 the STAs when they do their face checks, will check
11 the handles of office doors. And if they find it
12 locked, they just knock and say, you know, unlock
13 your door.

14 Q. So the STAs would know if the door was locked
15 based upon the procedure you just outlined, right?

16 A. Yeah, or security. Sometimes security will
17 walk through the unit and look in the offices, check
18 the doors.

19 Q. And I just want to ask this one more time.
20 So it's your testimony today that neither any STA nor
21 any activity therapist ever reported to you that
22 Christy Lenhardt was locked alone in her office with
23 Ben Hurt?

24 A. They could have. I just do not recall that.

1 Q. So it's possible that they did?

2 A. Yeah.

3 Q. So on page 18, the state police asked you --
4 I'm starting on line 3, "Do you remember -- if you
5 did approach Christy, do you remember how her
6 reaction was? Was she welcoming to the construction
7 criticism as relates to two professionals?"

8 Could you read your answer on lines 7
9 through 10?

10 A. "No. No. Whenever anything was brought --
11 that I -- of my opinion, whenever anything was
12 brought to Christy, she -- there was -- there wasn't
13 a lot of ownership of her." It should have been by
14 her.

15 Q. So what exactly did Christy say when you
16 brought complaints to her attention?

17 A. I have no recollection.

18 Q. Well, you characterized it here. There
19 wasn't a lot of ownership. What was your perception
20 of Christy's reaction?

21 A. I -- I honestly don't recall.

22 Q. What does there wasn't a lot of ownership
23 mean?

24 A. I can only -- I can only speculate what I

1 meant at the time. Ownership would be owning your
2 behavior and then, you know, either changing it or
3 explaining it.

4 Q. So she was unwilling to recognize that she
5 was doing something wrong when you talked to her?

6 A. I don't recall. I don't recall.

7 Q. Okay. So other than the direct complaints
8 that we've already discussed, was it ever brought to
9 your attention or did you ever hear rumors about
10 Christy Lenhardt having boundary issues with patients
11 that you were aware of or that you heard?

12 A. There was an incident, and, again, I'm trying
13 to think when this was, and I'm not even going to
14 pretend to remember. So Drew Beck relayed to me that
15 [REDACTED] -- and I apologize. I forgot [REDACTED]'s last
16 name.

17 Q. [REDACTED] --

18 A. [REDACTED] -- I'm sorry?

19 Q. [REDACTED].

20 A. [REDACTED]. So [REDACTED] had reported to
21 his treatment team -- and, apparently, this occurred
22 prior to me coming to Modules K and L -- that he --
23 [REDACTED] had developed feelings for Christy Lenhardt.
24 And when they approached or when they -- I don't want

1 to say confronted or whatever, spoke with Christy
2 about it, she said that she also started to have
3 feelings for [REDACTED] and that it would be better if
4 he was moved off the unit. So they moved him from
5 Module L at the time to Module K.

6 Q. If Christy had admitted that she was having
7 feelings for a patient, is that a sufficient amount
8 of suspicion for her committing some form of abuse?

9 A. I don't recall when -- when Drew told me
10 that.

11 Q. I didn't ask you when. I'm just asking
12 whether Christy -- a social worker like Christy,
13 admitting she had feelings for a patient, mainly
14 [REDACTED] is that a reportable suspicion of potential
15 abuse?

16 A. No.

17 Q. So just merely having feelings for the
18 patient is not enough?

19 A. No.

20 Q. What would she have to do before someone
21 would report a suspicion of abuse in relation to
22 feelings for a patient?

23 A. Well, what would she have to do? I mean, I
24 guess if she told the patient she was having feelings

1 for him, that would, you know, cross -- cross a
2 boundary.

3 Q. Other than the information you provided about
4 ██████████ are there any other patients that you've
5 heard rumors about Christy having boundary issues or
6 violating boundary patient -- patient/social worker
7 boundary lines?

8 A. No.

9 Q. So midway through page 27 the police asked
10 you about this on line 16. The officer said, "In
11 regards to Christy, I mean, was there ever a time
12 where there was any other allegations that have
13 been -- that were ever brought forward or made in
14 regards to her and her involvement with other
15 patients that are similar that you can think of or
16 that you can recall?"

17 Could you read your answer starting
18 on line 22?

19 A. "This was revealed after the fact. This
20 occurred prior to me becoming a manager on this unit.
21 But, apparently, and I can't verify whether she had
22 feelings for this patient or this patient had
23 feelings for her or it was a mutual or -- there was
24 something that was identified, and this patient was

1 moved from Module L to Module K to separate them."

2 Q. So how was the involvement with Ben Hurt
3 similar to the involvement with [REDACTED]

4 A. I don't know. I wasn't there when [REDACTED]
5 was on L.

6 Q. I understand. You -- you answered that when
7 he asked you if it was similar, you brought up
8 [REDACTED] as being a similar patient/social worker
9 boundary problem. I'm just wondering what you
10 thought was similar about [REDACTED] and Ben Hurt?

11 A. No, you asked me if there were any other
12 boundary --

13 Q. Well, you answered about -- you answered
14 about [REDACTED] I mean, maybe I should ask you.
15 You're talking about the mutual feelings for each
16 other and the patient was moved to L to K. You're
17 talking about [REDACTED] here, right?

18 A. Yes.

19 Q. I mean, is there another patient besides
20 [REDACTED] that was moved from L to K that was
21 romantically involved with Christy that you haven't
22 told us about yet?

23 A. Not that I'm aware of, no.

24 Q. Okay. So, then, this is [REDACTED] right?

1 A. Again, yes.

2 Q. Okay. So how was it that these mutual -- I'm
3 calling it romantic feelings between Christy and
4 [REDACTED] are similar in your mind to that between
5 Christy and Ben?

6 A. I don't know. I wasn't there when [REDACTED]
7 was on Module L.

8 Q. No, I understand that. But I'm just
9 wondering what the similarities in your mind are
10 between what you're aware of that happened with
11 [REDACTED] and Christy and Ben?

12 A. I am not sure what the similarities are.

13 Q. Are you aware of the details of Christy's
14 involvement sexually with [REDACTED]

15 A. No.

16 Q. Did you hear any rumors about the fact that
17 [REDACTED] was fondling Christy's breasts during their
18 social worker meetings in her office?

19 A. Nope.

20 Q. Did you ever hear any rumors about the fact
21 that [REDACTED] had penetrated Christy's vagina with his
22 fingers while they were in social work meetings while
23 in her office?

24 A. No.

1 Q. Are you aware or did you hear rumors that
2 Christy had masturbated [REDACTED] using her feet while
3 they were in social worker meetings in her office?

4 A. Nope.

5 Q. No rumors whatsoever about the intimate
6 sexual contact between [REDACTED] and Christy were ever
7 shared with you by anyone?

8 A. Never.

9 Q. And you were aware that [REDACTED] was moved to
10 separate Christy and he from one another, so he had
11 to be moved to K-Unit to stop the potential for this
12 feelings, romance to continue, right?

13 A. That's not the way it was presented to me.
14 It was presented that -- almost like [REDACTED] had --
15 had reported having feelings and that Christy
16 acknowledged her feelings and that, you know, in
17 order to -- it wasn't obviously therapeutic for him
18 to stay on the unit. That's how -- not -- not that
19 it had progressed to any type of romantic
20 relationship or...

21 Q. Well, what wasn't therapeutic about it?

22 A. If a patient is having feelings for their
23 therapist, which is -- you know, that's not
24 usually -- what's the word I'm looking for? It's not

1 uncommon, but if it's reciprocated and the therapist
2 starts having feelings for the patient, then they --
3 you can't be -- I don't know what the words are, but
4 you can't be -- what's -- I don't know. In CPI we
5 use the word rationally detached. You have to have,
6 you know, a buffer of -- you have to be able to look
7 at what you're offering objectively.

8 Q. I mean, is becoming intimate and romantic
9 with a patient ever therapeutic?

10 A. No.

11 Q. So are you aware of the allegations that
12 Christy was involved with the escaped patient, [REDACTED]
13 [REDACTED]?

14 A. No.

15 Q. You don't know anything about that?

16 A. No.

17 Q. Have you ever heard a rumor about that?

18 A. Not until this.

19 Q. So when is the first time you found out about
20 it?

21 A. I don't know if I'm supposed to say -- well,
22 I don't know what I'm supposed to say right now.

23 Q. Just the truth.

24 A. The first time I really heard about it is

1 when I spoke with Mary Johnston.

2 Q. Okay. Sorry.

3 MS. JOHNSTON: Objection. Do not discuss --

4 MR. CECALA: Do not discuss what you tell
5 your lawyer.

6 THE WITNESS: Sorry. I didn't know. I
7 don't know.

8 BY MR. CECALA:

9 Q. That's okay. We don't want to know what you
10 told Mary Johnston.

11 A. Well, I didn't tell her anything because I
12 didn't know about it.

13 Q. Okay. Other than your lawyer --

14 MS. JOHNSTON: Objection.

15 BY MR. CECALA:

16 Q. Other than your lawyer --

17 MS. JOHNSTON: Any conversation that we have
18 ever had doesn't need to be discussed.

19 BY MR. CECALA:

20 Q. Other than your lawyer, when is the first
21 time you found out about Christy having any
22 relationship with [REDACTED], who escaped from
23 Elgin?

24 A. I -- I knew nothing -- nothing about that.

1 Q. So you didn't find out when you read the
2 complaint in 2017?

3 A. If it's in -- if it's in the complaint, then
4 that's -- that's where I would have read it.

5 Q. Did you have any information about Christy
6 and [REDACTED] before you read the complaint?

7 A. No.

8 Q. Bill Epperson didn't come into the
9 administrative meeting on June 30th and say that he'd
10 recovered a journal from Ben Hurt detailing how
11 Christy helped [REDACTED] escape from Elgin in 2006?

12 A. Not that I recall. If he did, I was
13 unconscious.

14 Q. Are you aware that Christy admitted to having
15 a sexual relationship with [REDACTED] while he
16 was a patient in Elgin Mental Health Center?

17 A. Well, I believe you stated that earlier, so,
18 yes, I am.

19 Q. You're aware now. Were you ever aware before
20 today?

21 A. No.

22 MR. CECALA: One second.

23 (Pause.)

24 MS. JOHNSTON: Joe, I'm not trying to beat a

1 dead horse here, just to let you know we're at 4:05.
2 I know how easy it is to lose track of time when
3 you're taking a deposition.

4 MR. CECALA: We're going to be done in
5 plenty of time.

6 MS. JOHNSTON: Like I said, not trying to
7 beat a dead horse, just didn't want it to sneak up on
8 you.

9 MR. CECALA: Understood.

10 BY MR. CECALA:

11 Q. So, Colleen, this is another -- this is page
12 21, where the State Police begin talking to you on
13 lines 6 through 8 that Christy was escorted out of
14 the facility and we have information to suggest that.
15 And then he asked -- I have to read it all in just so
16 you're clear with where he was going.

17 "But, again, she's a social worker,
18 she has patients, all of a sudden she's no longer
19 here. In regards to the nurses that you oversee or
20 supervise, the STAs and patients within the units,
21 all of a sudden someone's here and they disappear,
22 you know, has there been anyone that's come forward
23 and said, 'Hey, by the way, like, where's she at',
24 been asking, let alone inquired or was made aware of

1 the allegation and perhaps providing information,
2 even if it seems like, oh, it's silly now, looking
3 back, it's like, oh, wait a minute, because this
4 guy's saying he knows something or this guy is
5 saying -- has any of that happened?"

6 So could you read your answer, lines
7 22 and 23?

8 A. "Just the rumor. People are all talking.
9 Rumor, rumor, rumor."

10 Q. Then he asks you, "So what's the rumor?"

11 So can you read your answers lines 1
12 through 5?

13 A. "That Ben Hurt's -- the latest one I heard
14 was that Ben Hurt's mother was in correspondence with
15 Christy and this was all orchestrated and Christy's
16 aware of the civil lawsuit. I mean, it just, you
17 know, people just roll and add."

18 Q. So who did you hear that from?

19 A. I have no idea. It could have been anybody
20 who works here.

21 Q. Was it one of the administration?

22 A. No.

23 Q. Was it an STA?

24 A. It could have been.

1 Q. Was it another social worker perhaps?

2 A. We can guess every discipline that works
3 here, I have no -- I just -- there were so many
4 rumors going around.

5 Q. Were there other rumors going around other
6 than Ben's mother and Christy orchestrating the civil
7 lawsuit?

8 A. I'm sure there was. I don't recall. I mean,
9 if you -- if you want to read it from here, whatever
10 I said then, I don't recall right now.

11 Q. I mean, this one outlines somewhat detail --
12 I mean, on lines 20 through 22, the officer says, "So
13 there was some sort of communication between them,"
14 meaning Christy and Ben's mom, "that there was some
15 sort of orchestration of sorts in regards to this
16 happening." And you mentioned "This civil lawsuit."
17 And he asks, "Coming to," answer "Yeah." Then he
18 asks "And for what purpose, though?"

19 Could you read your answer, lines 3
20 and 4?

21 A. "Financial, that, you know, they would sue
22 the state and get money, you know."

23 Q. So the rumor you heard was that the civil
24 lawsuit that you're taking your deposition in today

1 was just a bogus orchestration between Christy and
2 Ben's mom to get money from the state?

3 A. I don't recall. Whatever -- I don't --
4 whatever I said at that time. I don't even recall
5 that -- that rumor now.

6 Q. At least at that time this was the only rumor
7 you seem to remember. There were no other rumors
8 going around Elgin Mental Health Center about Christy
9 or this lawsuit?

10 A. Could you scroll up again, I'm sorry, to page
11 22?

12 Q. Sure. Well, I'd like you to answer my
13 question.

14 A. Were there other rumors? I'm sure there
15 were, but I don't recall what they were right now.

16 Q. Did you recall them in November of 2017 when
17 you were talking to the State Police?

18 A. I don't know. If you -- if we go to the next
19 page, we can find out.

20 Q. There aren't any other rumors that you
21 mention here. I can save us the time.

22 This was the only rumor you recalled
23 in November of 2017 about Christy Lenhardt and Ben
24 Hurt?

1 A. Yeah, if that's what I -- unless I reported
2 another one then, I'm not -- I mean, I don't recall
3 any.

4 Q. So the rumor about the bogus lawsuit being
5 orchestrated, did Dr. Corcoran tell you about that
6 rumor?

7 A. No. I don't -- I don't even know if
8 Dr. Corcoran was here at that time.

9 Q. Okay.

10 (Deposition Exhibit Number 8 was marked for
11 identification.)

12 BY MR. CECALA:

13 Q. I'm showing you Exhibit 8. It's titled
14 Defendant Colleen Delaney's Answers to Plaintiff's
15 First Set of Interrogatories. Do you see this page?

16 A. Yes.

17 Q. And it's eight pages long. I'm going to go
18 to the last page. This is a verification page. Can
19 you read the verification?

20 A. "I, Colleen Delaney, a Defendant in this
21 matter, hereby verify that the above responses are
22 true and correct to the best of my knowledge and
23 recollection."

24 Q. And is that your signature?

1 A. Yes.

2 Q. And it's -- the date is September 21, 2020,
3 right?

4 A. Yes.

5 Q. So the first question asks you to identify
6 all persons with knowledge of the facts underlying
7 the complaint and all documents that relate to such
8 knowledge or facts.

9 And here you say you believe the
10 following individuals may have knowledge. Pat
11 Larson, who is Pat Larson?

12 A. She was a -- the unit psychologist, Module L.

13 Q. And what knowledge may Pat Larson have of the
14 complaint?

15 A. I don't know, other than she worked closely
16 with the treatment team on Module L.

17 Q. Well, when you were answering here, what were
18 you thinking about the knowledge that Pat Larson may
19 have?

20 A. You know, I think I'd like to speak to Mary
21 about this.

22 Q. This is something that in the middle of the
23 deposition, if I've put a proper question and, Mary,
24 there's no objection --

1 MS. JOHNSTON: I wasn't trying to. I mean,
2 Colleen, it's just what do you remember, why did --

3 MR. CECALA: Well, maybe we should read the
4 question back.

5 MS. JOHNSTON: I'll clarify. It's people
6 who may have knowledge.

7 MR. CECALA: You know, Mary, honestly, I
8 don't want you to coach the witness. Can we read
9 back the question? It's improper for her to -- to
10 not answer the question.

11 THE WITNESS: To be honest, I don't remember
12 putting these names, so that's what I wanted to talk
13 to my attorney about. I don't remember -- I think we
14 all filled these out and sent them to our counsel.

15 BY MR. CECALA:

16 Q. Ah, okay. So who's we?

17 A. Whoever the people were on the
18 interrogatories, whoever got -- you know, I know
19 we -- we all get -- James Corcoran, et al.

20 Q. Right. So did you coordinate on answering
21 these interrogatories with the people that you
22 mentioned as we?

23 A. No.

24 Q. Okay. So these are your answers?

1 A. I'm saying -- I -- I believe we fill them out
2 and send them to our counsel.

3 Q. Yeah. So this would be -- I mean, my
4 question is did you -- did you -- did you speak to
5 someone else about answering these questions other
6 than your counsel?

7 A. No.

8 Q. Okay. So did you write the name Pat Larson
9 down?

10 A. Well, I signed that I did, so I guess I did.
11 So my answer is Pat Larson worked closely with
12 Christy Lenhardt, that's all I -- that's it.

13 Q. So what -- what knowledge may Pat Larson
14 have?

15 A. She may have no knowledge, but she worked
16 closely with Christy and all the patients on
17 Module L.

18 Q. When was the last time you spoke with Pat
19 Larson about the complaint?

20 A. I've never spoke to Pat Larson about the
21 complaint.

22 Q. What about Antoinette Kelly --

23 A. She was the charge nurse on day shift --

24 Q. I actually have to put a question to you

1 first.

2 A. Oh, sorry, sorry.

3 Q. Yeah. So -- what -- because we kind of know
4 their titles from this, so I'm trying to save time.

5 So what -- what knowledge may
6 Antoinette Kelly have about the complaint?

7 A. Same, same response as Pat Larson. She was
8 the charge nurse on -- on Module L and worked closely
9 with the treatment team.

10 Q. And have you spoken to her?

11 A. No.

12 Q. Did you work with Pat Larson when you were on
13 L-Unit?

14 A. Yeah.

15 Q. And did -- you worked with Antoinette Kelly
16 on L-Unit?

17 A. Yes.

18 Q. And what about Daniel Hardy, what knowledge
19 may Daniel Hardy have about the complaint?

20 A. I don't know. I don't know what he would
21 know; just that he was the medical director.

22 Q. And Jeff Pharis, what -- what knowledge may
23 Jeff Pharis have?

24 A. Jeff is -- was Christy's supervisor.

1 Q. So what -- what knowledge may he have?

2 A. He may have more knowledge about the --
3 moving Christy from -- I'm sorry, moving [REDACTED] from
4 L to K, why that decision was made and -- yeah.

5 Q. And Audrey Boston, what knowledge may Audrey
6 Boston have?

7 A. She worked closely with Christy. She was the
8 activity therapist on Module L.

9 Q. Did you work closely with Audrey as well?

10 A. Yeah.

11 Q. And how about Cara Wueste, what knowledge may
12 she have about the complaint?

13 A. Same. She was -- she worked closely with
14 Christy on Module L.

15 Q. And did you work closely with Cara?

16 A. Yes.

17 Q. And did you speak to any of these people
18 about their knowledge of the complaint?

19 A. No.

20 Q. And what about Drew Beck, have you spoken to
21 Drew Beck about the complaint?

22 A. No.

23 Q. What knowledge might Drew have about this
24 complaint?

1 A. Drew would know more about the [REDACTED]
2 situation, as he was working there when that
3 occurred, working on Modules K and L.

4 Q. And what about Dr. Javed, what knowledge may
5 she have?

6 A. Well, she worked with Christy. She was the
7 psychiatrist on Module L.

8 Q. All right. What -- just so you know, in the
9 interest of saving -- because we have about 40
10 minutes left, I'm asking what knowledge they had. We
11 know their titles. We know who they were.

12 What do they know that you answered
13 here that they may have knowledge that -- that you
14 have knowledge of what their knowledge is?

15 A. I don't see their names listed on here.

16 Q. So what it says is: "Defendant further
17 states that all named defendants in this matter may
18 have knowledge."

19 A. Oh, I see. I see. No knowledge that I'm
20 aware of.

21 Q. No other knowledge that you're aware of?

22 A. No.

23 Q. And how about Dr. Kareemi, what knowledge may
24 she have about the complaint?

1 A. She may have -- well, actually, I take that
2 back. Dr. Javed, I'm not sure, and same with
3 Dr. Kareemi, if -- if they were there -- yeah, they
4 probably were, when the [REDACTED] move occurred.

5 Q. And no other knowledge about Christy and Ben
6 that you're aware?

7 A. No, no.

8 Q. How about Diana Hogan, what knowledge may she
9 have about the complaint?

10 A. None that I'm aware.

11 Q. When is the last time you spoke about the
12 complaint to any of the co-defendants, Drew Beck,
13 Dr. Javed, Dr. Kareemi, or Diana Hogan?

14 A. I -- you know, I haven't discussed it with --
15 I haven't discussed it with any of them. I just
16 recall a time -- and I can't remember, I'm sorry,
17 but -- who the lawyer was that came to the facility
18 and met with us.

19 MS. JOHNSTON: Objection to the extent that
20 this would be calling for attorney/client privileged
21 communications.

22 BY MR. CECALA:

23 Q. Okay. I mean, we don't need to know the
24 contents of what was said.

1 A. No, I wasn't going to share the contents, but
2 we met with, and I forget who it was, and I
3 apologize, but we met with the lawyer individually in
4 the conference room in FTP and we would cross each
5 other, like if one -- when one was going into the
6 room, someone would be leaving the area.

7 Q. Okay. That's good to know. So you didn't
8 meet as a group with the lawyer?

9 A. No, no, no, no.

10 Q. What is your relationship with Dr. Kareemi?
11 Are you friends or just co-workers?

12 A. Co-workers.

13 Q. How is your working relationship with her?

14 A. It's always been professional, good.

15 Q. And how about Drew Beck, do you have a
16 personal relationship or just a professional
17 relationship with Drew?

18 A. Professional. We -- we tend to -- we used to
19 butt heads.

20 Q. At work?

21 A. Yeah.

22 Q. And what about Dr. Javed, do you have a
23 personal or professional relationship only with her?

24 A. Professional. We always got along well.

1 Q. What about Diana Hogan, do you have a
2 personal, professional or both relationship with her?

3 A. Both.

4 Q. Is she a good friend?

5 A. I hate -- she's a great friend, but we don't
6 see each other because she retired in January of
7 2020.

8 Q. So did you socialize with her as a friend
9 during 2017?

10 A. We did stuff as a nurse manager group, like
11 we'd go out to lunch, but we never --

12 Q. Let me ask you this. More professionally.
13 Did you socialize outside of work, go, you know --

14 A. No.

15 Q. -- somewhere with your kids or some other
16 personal relationship like that?

17 A. No.

18 Q. So just going out to lunch with her?

19 A. Yeah, yeah. She was my boss for a long time,
20 so...

21 Q. Okay.

22 A. Yeah.

23 Q. Did you have a -- both a personal and
24 professional relationship with her until she retired?

1 A. Yeah, yeah. I'd say yeah.

2 Q. So it was like going to lunch, that type of
3 social relationship?

4 A. Yeah.

5 Q. And over lunch you never talked about this
6 complaint?

7 A. No.

8 Q. Never talked about this --

9 A. I mean, we were always -- we always went in a
10 group.

11 Q. Ah. So you never went to lunch just you and
12 Diana?

13 A. No.

14 Q. So question 2 asks you to identify persons
15 with knowledge of the facts underlying your defenses
16 set forth in your answer to the complaint and
17 identify documents that relate to the knowledge of
18 such facts.

19 Part of your answer you say you acted
20 reasonably and in good faith at all times relevant to
21 the claims in the complaint.

22 How exactly do you consider you acted
23 reasonably and in good faith?

24 A. Okay. I'm sorry. Identify all persons with

1 knowledge of the facts underlying -- just so I'm
2 clear. So this is asking based on the plaintiff's
3 complaint -- I guess I'm not understanding the
4 question.

5 Q. So do you know what the complaint is?

6 A. That all the people named were aware that the
7 abuse occurred?

8 Q. Well, it lays out in many pages exactly what
9 occurred between Christy and Ben. That's -- what
10 you're discussing might have something to do with a
11 legal theory as to why the things that occurred are
12 against the Constitution or -- or the law.

13 I'm asking you about the facts of the
14 complaint, all the allegations about Christy and Ben
15 and how you acted reasonably and in good faith at all
16 times relevant to those events happening.

17 A. I'm -- I apologize. I don't understand this.
18 The answer was provided by counsel, so I don't know.

19 Q. Okay. Fair enough. In question 4 we ask you
20 to provide information with respect to all persons
21 whom the defendants, and each of them, have
22 communicated with concerning the complaint or any of
23 the events relating to the complaint, both during the
24 time period covered by the facts of the complaint and

1 at any time after, up to the date of your answer,
2 which was in September of 2020.

3 Do you want to take a look at your
4 answer? I'm going to ask you a couple of questions.

5 A. Okay.

6 Q. So who were among the many staff that were
7 discussing Christy's absence that you answered here?

8 A. I don't recall.

9 Q. Can you tell me how Christy's absence relates
10 to the facts of the complaint?

11 A. Well, I mean, her office was taped off and
12 everyone was aware that ISP had come onto the
13 premises, you know, because they -- we didn't -- you
14 can't hide it. It's a locked facility. And then
15 Christy was no longer coming to work.

16 Q. Okay. What exactly were the conversations
17 you had with Bill Epperson concerning the complaint
18 or the events related to it?

19 A. I don't recall. I don't recall what we
20 specifically discussed.

21 Q. But you did discuss it with him?

22 A. Well, it would -- I mean, it may have been in
23 leadership meetings. You know, like it could have
24 been updates on, you know, it's still with ISP or

1 this is going on or this is going on.

2 Q. What would be this or this that he was
3 updating you on?

4 A. You know, like the office is still taped off,
5 when are they going to, you know, release the office
6 or things like that.

7 Q. Was there anything else that he would have
8 mentioned in the leadership meetings after Christy
9 left?

10 A. Not that I recall.

11 Q. What were your conversations with Diana Hogan
12 relating to the complaint or the events related to
13 the complaint?

14 A. Related to this complaint?

15 Q. Yes.

16 A. I'm trying to think, you know, what we
17 discussed in -- I know a lot of our discussion was we
18 hope it's not true, because I know Diana knew Christy
19 from working on the civil side even years prior, and
20 that just how disappointed we would be if this were
21 to be true.

22 Q. Yeah. So did she tell you I hope this isn't
23 true?

24 A. I don't know if she said I hope this isn't

1 true, but I just -- sort of like my -- you know,
2 discussed earlier, just -- I just, you know...

3 Q. Well, discussed is a little different from
4 hoping it isn't true. Did you tell her you hope it
5 isn't true?

6 A. I don't know. I don't know who said it. The
7 tenor of the meeting was, you know, what the hell is
8 wrong with her? If this is true, why would she do
9 this? It's a reflection on all of us. You know, we
10 talked about the public's perception of state
11 hospitals and how this taints, you know, pretty much
12 all the good work we do. I mean, those were the
13 discussions. They were -- they were emotional. They
14 were, you know, angry. They were -- those -- that's
15 the things we talked about. We didn't -- we didn't
16 have specifics, or at least I didn't.

17 Q. I understand. I'm just asking you what the
18 discussions were. It seems like there's a
19 significant amount more information about the
20 discussion, so I'm -- what was that information?
21 Part of it was you were hoping it wasn't true.

22 Was that a consensus between the two
23 of you, that you hoped it wasn't true?

24 A. Of course.

1 Q. And then you mentioned other things about you
2 were discussing the perception of state hospitals.
3 How would the perception of state hospitals be
4 affected by Christy Lenhardt sexually abusing a
5 patient?

6 A. Well, it was on the news. You know, so if --
7 if -- you know, your family members who live in
8 different parts of the state, they see -- don't you
9 work there? What's going on? You know, and stuff
10 like that, and -- it's just -- yeah.

11 Q. So it was the consensus between the two of
12 you that it would be embarrassing for the place that
13 you work if this were true?

14 A. I -- embarrassing, no, that -- that's not --
15 it's not embarrassing. It's -- it deflects from what
16 we do. It deflects from -- you know, and I get it,
17 you're on the other side of the -- you know, you're
18 suing us, but -- and this is going to sound like
19 hyperbole and it's going to sound like, you know --
20 we do really great work here and situations like this
21 deflect from all the good we do. And the fact that
22 she would take a position where you're meant to help
23 people, it just -- yeah, it -- it's sad.

24 Q. What else -- what else did you discuss with

1 Colleen?

2 A. I am Colleen.

3 Q. I'm sorry.

4 MR. KRETCHMAR: We're all tired.

5 BY MR. CECALA:

6 Q. It's getting late for all of us.

7 What else did you discuss with Diana?

8 A. That -- that's it. I mean, that -- that's
9 really it, just...

10 EXAMINATION

11 BY MR. KRETCHMAR:

12 Q. Colleen, when you say it deflects from all
13 the good work you do, you mean the public might get
14 the perception that state hospitals are not good
15 places, right?

16 A. Potentially.

17 Q. You mean they might even get the perception
18 that state mental hospitals are where social workers
19 use patients for sexual gratification, right?

20 A. No, I wouldn't go that far.

21 Q. You don't think the public would ever get
22 that perception from the details of the story of
23 Christy and Ben?

24 A. No, I would hope that a majority of the

1 public uses their frontal lobe and realizes that this
2 was the poor behavior of one individual, not a
3 system.

4 MR. CECALA: We're going to get to that.

5 EXAMINATION

6 BY MR. CECALA:

7 Q. So what -- look at question 11 real quick.
8 This asks you to set forth your past relationship or
9 interactions with the plaintiff, Ben Hurt, or other
10 dealings or encounters that have had to do with the
11 plaintiff.

12 You can look at your answer and then
13 I'll have a question for you.

14 A. I'm sorry. Question 11?

15 Q. Yes.

16 A. Do you mind enlarging just a little?

17 Q. I sure don't mind.

18 A. Thank you. Okay.

19 Q. So in your answer you say that your
20 responsibilities were for maintaining hospital
21 policies and procedures, you were responsible for
22 enforcing to ensure Ben Hurt's safety.

23 Can you give an example of a policy
24 that you were responsible for enforcing with Ben Hurt

1 that would have been an example of your
2 responsibility for enforcement of policy and
3 procedure?

4 A. Sure. So on the unit there is an automated
5 external defibrillator, so it's my responsibility to
6 check the -- the log on a monthly basis, but I -- I
7 did it more frequently, to make sure that each nurse
8 is making sure that the AED is working and that the
9 pads are not expired and that the battery is
10 functional. So that's one of the hospital policies
11 and procedures in a nursing department that I make
12 sure.

13 I reviewed the narcotic count on a
14 daily basis and then monthly I submit those -- those
15 forms as part of a state law to the pharmacy
16 department to ensure our narcotics are not missing
17 or -- yeah, we'll just leave it like that, missing,
18 that they're being tracked appropriately. Keep
19 going?

20 EXAMINATION

21 BY MR. KRETCHMAR:

22 Q. Those are some good examples. I'm just
23 wondering in my own mind was there any policies or
24 procedures that you were responsible for enforcing in

1 order to protect Ben Hurt from being sexually abused
2 by a social worker for two and a half years?

3 A. Was there a policy that I was responsible
4 for? I would say no, that under my purview, that
5 I follow my chain of command. I reported to the
6 appropriate parties anything that deviated and that I
7 tried to, to the best of my ability, make sure that
8 the nursing department is following the policies.

9 | EXAMINATION

10 BY MR. CECALA:

11 Q. So you recently answered that you and
12 Defendant Hogan had conversations where you seem
13 somewhat incredulous about how this two and a half
14 years of sexual abuse with Ben is an inaccurate
15 reflection of Elgin Mental Health Center for the
16 public. And obviously there are policies and
17 procedures in place, in the question you were just
18 asked, about preventing sexual abuse, correct?

19 A. I mean, I guess it would be more in the --
20 the ethics of each -- of each profession.

21 Q. Well, fine. Let's include professional
22 ethics, policies of the institution, as well as the
23 law. There's these areas where you have an
24 incredulous feeling about this being -- this

1 situation between Ben and Christy of sexual abuse is
2 an inadequate reflection of all the good work you do,
3 right?

4 A. Yes.

5 Q. And, generally, everything is designed at the
6 hospital in the codes of ethics, that the people who
7 you're saying are more an appropriate reflection
8 follow -- after all, it's a hospital filled with
9 behavioral health and mental health experts, right?

10 A. Yes.

11 Q. Trained in many ways to have a -- both an
12 objective and subjective, somewhat untrammelled, view
13 of human behavior or and on behalf of their patients,
14 right?

15 A. I'm sorry. What was the last part?

16 Q. There's a -- there's a team of professional
17 behavioral health experts overseeing the entire
18 facility, including the ethics, the policies, and the
19 law, related to how patients should be treated,
20 right?

21 A. Yes.

22 Q. And we'll add to that there's securities --
23 there's even a title in the people you supervise, the
24 security therapy aide, right, that -- to keep a

1 secure safe environment is the goal to make the
2 patients have a therapeutic experience, right?

3 A. Yes.

4 Q. Are you aware that Ben Hurt and Christy
5 Lenhardt have admitted to very frequent engaging in
6 oral sex, at least five times sexual intercourse, but
7 as many as three to four times per week Ben Hurt
8 receiving oral sex from Christy in her social worker
9 office? Are you aware of that?

10 A. No.

11 Q. And you've already said you -- you're only
12 slightly aware of this relationship between [REDACTED]
13 and Christy, that they were separated, but didn't
14 raise anyone's suspicion of sexual abuse, right?

15 A. I can't answer that. I was not on the unit
16 at that time. I -- I don't know.

17 Q. Okay. Well, you're now aware that she was
18 engaged in sexual acts with him by her own admission,
19 right?

20 A. Yes.

21 Q. You're also aware that she was engaged in
22 sexual acts with [REDACTED] by her own admission
23 and she actually helped him, a pedophile, escape from
24 Elgin in 2006, right?

1 A. I know now, yes.

2 Q. Okay. So over a ten-year period, many, many
3 days Christy Lenhardt was engaging in sex with her
4 patients in her social worker's office with all the
5 trained behavioral health experts who are vigilantly
6 applying security and policy and ethics and the law.
7 Can you explain how that happened for ten years?

8 A. I can't. I can't. I also cannot --
9 there's -- there is nobody that I work with who would
10 know these things and not report it.

11 Q. Okay. Good.

12 A. I just -- I don't -- I don't understand.

13 Q. Is it possible for this to have happened
14 without at least some member of the staff looking the
15 other way when some red flag may have been raised
16 over this ten-year period?

17 A. Yes, it's possible.

18 Q. So what you're saying is that over ten years
19 with repeated sexual abuse with three confessed
20 patients at a minimum, that not a single person
21 observed a red flag or ever suspected something to
22 which they turned a blind eye?

23 A. I don't know her discipline history. I don't
24 know her supervision history, so I -- I can't respond

1 to that. I don't know if things were reported to her
2 supervisors over the ten years and what their
3 follow-up was. I don't know.

4 EXAMINATION

5 BY MR. KRETCHMAR:

6 Q. When you and Diana Hogan are sitting together
7 and saying, oh, my God, the public will get the wrong
8 impression of all the great work we do at Elgin
9 Mental Health Center, are the two of you basically
10 agreeing that the public could hear the story as we
11 just have been telling it to you; namely, three
12 patients at least over ten years being frequently
13 sexually abused, and for that matter, the
14 aftereffects of that, which maybe Joe wants to bring
15 up in a minute, and you think the public should --
16 should understand all of that and know what happened
17 and still say, oh, yeah, they do great work. I love
18 state institutions.

19 A. Well, the alternative is to take 370 patients
20 and put them in community agencies where they'll get
21 half the treatment.

22 MR. CECALA: I'm not sure she answered your
23 question. I'm not sure that we need one.

24 MR. KRETCHMAR: I'm not sure I need an

1 answer to my question.

2 MS. JOHNSTON: We have ten minutes left,
3 guys.

4 MR. CECALA: Four more questions.

5 THE WITNESS: At 5:00 I really -- I've got
6 to go. I have kids.

7 MS. JOHNSTON: Four more questions, so let's
8 move on forward.

9 EXAMINATION

10 BY MR. CECALA:

11 Q. So quickly. In question 12 -- or, actually,
12 skip down to question 14. So in question 14 we
13 asked -- this is a two-part question. In it we're
14 asking you to identify about the incident in Bob
15 Hamlin's office, and you're answering that you found
16 out when you were in a meeting when the announcement
17 that Lenhardt was locked in the office with a patient
18 was announced over the radio, you didn't prepare any
19 reports or documents related to the incident; but we
20 also asked to identify all persons with whom you
21 discussed or shared any information or speculation
22 about that incident of Ben and Christy.

23 Can you answer who you may have
24 discussed or shared any information about that with,

1 just to make sure we get all your interrogatories
2 fully complete?

3 A. I don't recall having specific conversations
4 about the incident, and I didn't prepare any
5 documents.

6 Q. Now, just as a follow-up to my question about
7 whether reporting information and providing the
8 information from the staff that would comply with
9 ethics, policy and the law, so as to prevent sexual
10 abuse.

11 Do you feel that being honest and
12 somewhat critical where suspicions may be is an
13 important aspect of following the policies, the
14 ethics and the law?

15 A. Do I feel that being honest is critical?
16 Yes. Do I feel that -- what was the second part?

17 Q. No, that was the answer. Do you feel that
18 being honest about that -- reporting that information
19 is important?

20 A. Yes.

21 Q. And I asked you whether anyone would have
22 turned a blind eye to information or not provided,
23 perhaps, the full details so as to allow this abuse
24 to have continued for so long as an explanation for

1 why it, in fact, occurred? Do you recall that?

2 A. I'm -- I'm so sorry. I totally zoned out.

3 I'm sorry. What was the question again?

4 MR. CECALA: So -- could you read back the
5 question, Court Reporter?

6 (Record read back as requested.)

7 THE WITNESS: Do I recall you asking me
8 that?

9 BY MR. CECALA:

10 Q. Yes.

11 A. Yes.

12 Q. And do you recall saying, well, no, no one
13 turned a blind eye?

14 A. I said I can't imagine anybody would.

15 Q. Okay. So that's a little different. So you
16 can't imagine it. But is it possible that that is
17 one of the explanations for why it occurred?

18 A. I can say that nobody -- you know what, I
19 don't know.

20 Q. Okay. Fine. So -- and providing full and
21 complete details of the truth, not a half truth and
22 not a quarter truth could actually help detect
23 suspicions about sexual abuse, couldn't it?

24 A. Providing the truth, not a half truth or a

1 quarter truth?

2 Q. Yes. Wouldn't that help?

3 A. In preventing sexual abuse?

4 Q. Yes.

5 A. In regards to what?

6 Q. In regards to the observations or -- I hate
7 to use the word suspicions, but or suspicions that
8 maybe something is going on.

9 A. I don't know if it would prevent sexual
10 abuse, but it would -- I mean, honesty's -- full --
11 full disclosure, full truth is better than half
12 truth.

13 Q. Right. Two more and we're done.

14 So if you look at question 16, we ask
15 you to describe in detail how and when you first knew
16 or heard that Christy Lenhardt had been discovered,
17 through evidence found in a room search of Ben Hurt's
18 room at EMHC, to have been in a sexual or illegal or
19 unauthorized relationship with Ben Hurt, and identify
20 all persons with whom you discussed or shared any and
21 all information, or from whom you received
22 information about this.

23 Can you read your answer?

24 A. "Defendant Delaney has no knowledge of any

1 such evidence."

2 Q. For about the first half of this deposition,
3 we discussed the administrative meeting in which you
4 were informed about computer paraphernalia and other
5 evidence that you characterized as an inappropriate
6 relationship between Ben and Christy. Do you
7 remember testifying about that?

8 A. I testified that I was aware that flash
9 drives and computer paraphernalia were confiscated.
10 I was not aware of the contents.

11 Q. Right. Can you explain why you failed to
12 provide that as part of your answer to interrogatory
13 16?

14 A. I don't -- I mean, I don't think I was
15 ever -- unless it's in the complaint that -- the
16 details of the audio recordings or pictures.

17 Q. It's in the complaint.

18 A. Then, I guess, interrogatory 16 was answered
19 in error.

20 Q. Oh, it's an error?

21 A. Or I didn't read the complaint.

22 Q. Well, this doesn't really discuss the
23 complaint. It's asking you to describe when you
24 first knew or heard about it.

1 A. I have one minute, sir.

2 Q. I asked you to describe when you first heard
3 about it. I'm not sure I've received the answer.

4 A. I don't recall.

5 Q. You don't recall. Hold on.

6 THE WITNESS: Mary, it's 5:00.

7 MS. JOHNSTON: Yeah, and they're just coming
8 back. Let's let them come back.

9 MR. CECALA: Okay. We don't have anything
10 further, and we're ordering.

11 MS. JOHNSTON: Okay. Colleen, do you want
12 to review the transcript for accuracy, or do you want
13 to just trust that Stacey has taken everything down
14 accurately? You wouldn't be able to actually change
15 answers, but if there was a mistake, like somebody
16 put J instead of K, you're able to fix things like
17 that, more typographical.

18 THE WITNESS: I'd like to review it, yes.

19 MS. JOHNSTON: Okay. We'll reserve
20 signature. You're all set then, Colleen.

21 And I'm ordering as well, Stacey.
22 Randy and Joe said they're ordering.

23 (Proceedings concluded at 5:00 p.m.)
24

1 STATE OF ILLINOIS)
2) ss:
3 COUNTY OF COOK)

4 STACEY L. PARR, being first duly sworn,
5 deposes and says that she is a Certified Shorthand
6 Reporter in Cook County, Illinois, and reporting
7 proceedings in the Courts in said County;

8 That she reported in shorthand and
9 thereafter transcribed the foregoing proceedings to
10 the best of her ability;

11 That the within and foregoing transcript
12 is true, accurate and complete and contains all the
13 evidence which was received in the proceedings upon
14 the above-entitled cause.

15 I do hereunto set my hand this 12th day of
16 July, 2022.

17
18
19 *Stacey L. Parr, C.S.R.*

20 _____
21 STACEY L. PARR, C.S.R.
22 License No. 084-004502
23
24

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